

MENTAL HEALTH WEEKLY

Essential information for decision-makers

Volume 26 Number 20
May 16, 2016
Print ISSN 1058-1103
Online ISSN 1556-7583

IN THIS ISSUE...

The National Coalition for Maternal Mental Health (NCMMH) on May 17 is hosting a lobby day and briefing on Capitol Hill to push support for “Bringing Postpartum Depression Out of the Shadows Act of 2015,” which will provide for better education about and treatment of maternal mental health issues, as well as increased access to appropriate care. The legislation propose \$5 million annually for four years, 2016–2020, to states to support their actions in finding “innovative solutions” to this pervasive problem, officials noted.
... See bottom story of this page

Company rebranding reflects commitment to staff, community
... See page 4

Gov. Cuomo awards NYS providers funds to build infrastructure
... See page 5

MHA, Walgreens seeking 3 million online screenings by 2017
... See page 6

Los Angeles County restricts solitary confinement for juveniles
... See page 8

FIND US ON

facebook

mhwnewsletter

© 2016 Wiley Periodicals, Inc.
View this newsletter online at wileyonlinelibrary.com
DOI: 10.1002/mhw

NYT debate on treatment needs for people with MI elicits field response

It's a decades-old debate — what is the best form of treatment for people with mental illness who are incarcerated or homeless? A number of contributors to the *New York Times* opinion page, “Room for Debate,” on May 9 tackled that question by commenting on what works and whether asylums should be reopened.

According to last week's topic, “Getting the Mentally Ill Out of Jail and Off the Streets,” at least 16 percent of the nation's jail and prison inmates are estimated to be mentally ill and about 40 percent of the mentally ill have been incarcerated. Many of the homeless are also mentally ill. Deinstitutionalization, which began decades ago, was supposed to improve treatment, but was not

Bottom Line...

A number of recommendations run the gamut for addressing homelessness and incarceration for people with mental illness, including more funding and community supports like the ACT program.

followed by funding for better care, according to the *NYT*.

Members of mental health and disability communities were up in arms last year over an opinion piece in the *NYT* and in *JAMA* suggesting a return to institutions or “modern asylums” as a solution for patients with mental illness or developmental disabilities who cycle between emergency hospitalizations and in-

See **DEBATE** page 2

NCMMH to host lobby day, briefing on maternal mental health

Observing the need for education and treatment of maternal mental health issues as well as increased access to appropriate care, the National Coalition for Maternal Mental Health (NCMMH) on May 17 is hosting a lobby day and briefing on Capitol Hill on the issues surrounding perinatal mood and anxiety disorders with the authors of supporting legislation.

The NCMMH is pushing for H.R.

3235, legislation introduced by Reps. Katherine Clark (D-Mass.) and Ryan Costello (R-Pa.), and the companion Senate bill S. 2311, introduced by Sen. Dean Heller (R-Nevada), for an amendment to the Public Health Service Act. The bills would authorize the secretary of the U.S. Department of Health and Human Services to make grants to states for screening and treatment for maternal depression.

The briefing will include Reps. Clark and Costello, and the co-chairs of the Congressional Caucus on Maternity Care, Rep. Jaime Herrera Beutler (R-Wash.) and Lucille Roybal-Allard (D-Calif.).

The bipartisan bills, the Bring-
See **NCMMH** page 7

Bottom Line...

Legislative support is growing for bipartisan bills that aim to make grants available to states for screening and treatment for maternal depression.

DEBATE from page 1

adequate outpatient care (see *MHW*, March 2, 2015).

Last week, Fred C. Osher, M.D., director of health systems and services policy at the Council of State Governments Justice Center, was one of seven people to comment on the *NYT* debate. In his discussion, “We Need Better Funding for Mental Health Services,” Osher wrote in part, “The number of people with

mental illnesses in jails. The April 17–19 event in Washington, D.C., brought together county leaders, law enforcement, mental health professionals and others to address the need to reform the criminal justice system (see *MHW*, April 25).

“For homeless individuals with mental illnesses, a place to stay with added support services can enable them to thrive,” Osher told *MHW*. “Supported employment is a meth-

what works, and now it’s time to coalesce around a systematic, evidence-based approach to addressing a true civil rights issue,” he said.

NAMI weighs in

Ron Honberg, J.D., senior policy advisor of advocacy and public policy for the National Alliance on Mental Illness, weighed in on the debate. “It’s a tired old argument,” Honberg told *MHW*. “My inclination whenever this topic comes up is there are no answers really.” Sufficient, supportive housing and community services, such as the Assertive Community Treatment (ACT) program, are needed, he noted.

Additionally, improved treatment for people with co-occurring mental health and substance use disorders, and more peer support services, would go a long way toward addressing these problems, Honberg said. Short-term crisis stabilization acute beds are also important. “In some parts of the country, it’s very difficult to find inpatient beds,” said Honberg. Funding is also critical. “We need to spend wisely on things that work,” he said.

Honberg added, “Who are the people most at risk of homelessness and incarceration? We’re talking about people with very serious psychiatric conditions, [such as] psychosis, and people with co-occurring

‘We have the momentum, we know what works, and now it’s time to coalesce around a systematic, evidence-based approach to addressing a true civil rights issue.’

Fred C. Osher, M.D.

serious mental illnesses who are incarcerated or homeless is three to five times higher than in the general population. There is a wide range of empirical evidence that shows, with appropriate treatment and community supports, people can recover, achieve their goals, and contribute to our society.”

Osher pointed to the National Stepping Up Summit, an initiative to reduce the number of people with

od of getting people competitive jobs despite their challenges,” he said. Medications, including those that can halt the devastating effects of addiction, allow people to resume their roles as students, parents and employees.

Osher added that assertive community treatment models meet people where they live and assist in connecting them to needed services. “We have the momentum, we know

MENTAL HEALTH WEEKLY
Essential information for decision-makers

- Managing Editor** Valerie A. Canady
- Contributing Editor** Gary Enos
- Copy Editor** James Sigman
- Production Editor** Douglas Devaux
- Executive Editor** Patricia A. Rossi
- Publisher** Amanda Miller

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 Mondays in July and September, and the last Mondays in November and December. The yearly subscription rates for **Mental Health Weekly** are: Print only: \$695 (individual, U.S./Can./Mex.), \$839 (individual, rest of world), \$6504 (insti-

tional, U.S.), \$6656 (institutional, Can./Mex.), \$6707 (institutional, rest of world); Print & electronic: \$765 (individual, U.S./Can./Mex.), \$909 (individual, rest of the world), \$7805 (institutional, U.S.), \$7988 (institutional, Can./Mex.), \$8049 (institutional, rest of the world); Electronic only: \$555 (individual, worldwide), \$6504 (institutional, worldwide). **Mental Health Weekly** accepts no advertising and is supported solely by its readers. For address changes or new subscriptions, contact Customer Service at (800) 835-6770; email: cs-journals@wiley.com. © 2016 Wiley Periodicals, Inc., a Wiley Company. All rights reserved. Reproduction in any form without the consent of the publisher is strictly forbidden.

Mental Health Weekly is indexed in: Academic Search (EBSCO), Academic Search Elite (EBSCO), Academic Search Premier (EBSCO), Current Abstracts (EBSCO), EBSCO Masterfile Elite (EBSCO), EBSCO MasterFILE Premier (EBSCO), EBSCO MasterFILE Select (EBSCO), Expanded Academic ASAP (Thomson Gale), Health Source Nursing/Academic, InfoTrac, Student Resource Center Bronze, Student Resource Center College, Student Resource Center Gold and Student Resource Center Silver.

Business and Editorial Offices: John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030-5774; email: vcanady@wiley.com.

To renew your subscription, contact Customer Service at (800) 835-6770; email: cs-journals@wiley.com.



substance abuse problems. They need very intensive services and support to live safely and in a meaningful way in the community.”

Evidence-based programs work, noted Honberg. However, the field has moved away somewhat from implementing those programs, he said. They’re expensive, about \$10,000 to \$15,000 per year, per person, he said. “It’s still less than incarcerating people and having people cycling in and out of the ER,” he said.

Honberg added, “If we make a commitment to address homelessness and overcriminalization, we need to really look at what approaches work, such as supportive housing; the ACT program; mobile crisis response teams, available 24/7; and either more acute beds or crisis stabilization programs that have beds available for people who need them.”

Promoting recovery

“Everyone is astounded to hear that people can recover, even from schizophrenia,” Daniel Fisher, M.D., Ph.D., executive director and CEO of the National Empowerment Center, told *MHW*. “The public has to learn that we do recover.”

The increase of persons with mental illness in institutions and jails is largely due to cuts in the public health services, said Fisher, also chair of the board for the National Coalition for Mental Health Recovery. “We need to restore voluntary community supports that have been cut by \$4 billion by states,” he said.

Fisher, along with 20 other people who have recovered from psychiatric disabilities, developed the Emotional CPR (eCPR) initiative. eCPR is an educational program designed to teach anyone to assist another person through an emotional crisis by connecting, empowering and revitalizing, he noted. Programs like this, developed by people who are experiencing recovery, are important complements to the mental health system, he said.

Recovery learning communities, run by peers, can help people over-

Excerpts from *NYT* contributors

Other contributors to the *NYT* “Room for Debate” series included Dominic Sisti, director of the Scattergood Ethics Program and assistant professor of medical ethics at the Perelman School of Medicine at the University of Pennsylvania. His commentary, “Psychiatric Institutions Are a Necessity,” noted that “high quality, ethically administered psychiatric asylums would provide the seriously mentally ill with a place to stabilize and recover; they are a necessary part of a comprehensive mental health care system.”

Ann-Marie Louison is director of adult behavioral health programs at the Center for Alternative Sentencing and Employment Services (CASES), and co-founder of CASES’ Nathaniel Project, the first alternative-to-incarceration program in Manhattan for adults with serious mental illness. In “The Mentally Ill Need Supportive Affordable Housing,” Louison wrote: “In New York City, congregate housing — which includes shared apartment buildings, scattered site supported housing and community residences — is supplemented with case management and treatment supports. It provides a holistic, systemic approach to mental health service that sustains the dignity of the individuals and their families. It keeps recovery central and protects public safety.”

“People with mental health and substance use problems need counseling and medication-assisted treatments, like methadone maintenance,” Ayesha Delany-Brumsey, director, and Chelsea Davis, research associate, both of the Substance Use and Mental Health program at the Vera Institute of Justice, wrote in their discussion, “Drug Addiction Cannot Be Decoupled from Mental Illness.”

“Community programs should expand the use of harm reduction practices, such as naloxone distribution, that aim to mitigate the harms of drug use,” they wrote. “Police must work with these programs and refrain from making arrests around harm-reduction clinics, like syringe exchanges, so people can engage in recovery without fear of arrest.”

come the feeling of isolation once they leave an institution, said Fisher. “They need to not just have an apartment, but they need to be around other people,” he said. Such communities have been cropping up across the country. Maryland, for example, has 21 recovery learning communities, one in every county, said Fisher. Michigan has nearly 45, he said. “You can only treat so many people at clinics and day treatment [programs],” said Fisher. “Another good option is a club house.”

Open Dialogue, a program in New York City, was developed in Finland as a treatment for people with serious mental illness — in particular, psychosis, noted Fisher. A key concept in Open Dialogue is transparency, according to *Psychology Today*. No decision about the person in distress is made outside of

the network meetings, and within this setting the clinicians openly discuss their observations.

Hospital staff will go out in the community at the first sign of a person experiencing a psychotic episode, said Fisher, adding that the success rate for the program is 75 percent. People are able to return to work and school, he noted.

Fisher added, “We need a system of care that restores confidence and hope — that’s a very important facet,” said Fisher, who was diagnosed with schizophrenia, went on to earn an M.D. and Ph.D. and is a psychiatrist. “Now I give hope to people. I share my own experiences,” he said. •

Renew your subscription online at
www.mentalhealthweeklynews.com

Company rebranding reflects commitment to staff, community

With 30 years of services under its belt, one of the leading behavioral health providers in Massachusetts has rebranded its business with a new name and logo in order to reflect the range of services offered in the community and accentuate its commitment to the people it serves, officials announced May 3.

Formerly South Bay Mental Health, South Bay Community Services aptly describes the company's mission and outreach, said Michael Pelletier, COO of South Bay. "The name truly reflects on what we do," Pelletier told *MHW*. The company provides adult behavioral health, substance abuse counseling, children's behavioral health and early childhood services, including an outreach program.

"The rebranding coincided with recent changes to the internal structure at South Bay Community Services and the processes we've made to enhance the overall employee and consumer experience," Pelletier said. The company had been acquired in 2012 by Community Intervention Services, Inc., an Austin, Texas-based organization, he said. Since the acquisition, South Bay, headquartered in Brockton, has experienced significant growth in services and in reach, Pelletier said.

"The rebranding process commenced shortly after acquisition with a focus on improved infrastructure and improved employee and consumer experience," he said. "In 2015, more significant changes were made at South Bay to continue these improvements such as the implementation of electronic health records, and upgrades and expansions to our physical infrastructure." Changes also positively affected employees' experience such as improved wages, benefits, licensure assistance/supervision and training opportunities, and increased time off, he said.

Pelletier added, "At that point, South Bay had undergone major growth, as you can see, and we

Bottom Line...

The re-branding of South Bay Community Services includes the implementation of an on-line electronic learning management system for staff to receive additional training opportunities.

were ready to make a brand change to more accurately portray where we were heading as a company."

Employee, consumer input

Both consumers and employees were involved in the rebranding process, said Pelletier. "We conducted hundreds of interviews with employees, both through one-on-one opportunities and focus groups, to gain firsthand insight into what they wanted to see changed," he said. "Our employees are our most im-

'Our employees are our most important asset, and we wanted to make sure that we prioritized our improvements based on their needs.'

Michael Pelletier

portant asset, and we wanted to make sure that we prioritized our improvements based on their needs."

Consumers were involved in the process on a smaller scale because the majority of the changes were to internal processes that only directly affect the company's employees, Pelletier explained. "Aside from our new look and name, our consumers should see little to no change in their regular services," he said.

Pelletier added, "Consistency is

an important factor in our customized wellness plans for all consumers, and our internal improvements will only help our clinicians to more efficiently serve individuals and families in our communities."

Expanded services, staff development

Following the rebranding, South Bay's expanded services are both in reach and in service, Pelletier noted. "We have expanded our service locations for mental health, the Children's Behavioral Health Initiative (CBHI) as well as our Early Childhood Division," he said. Additionally, the organization is beginning to provide autism services.

South Bay provides annual reimbursement opportunities for staff to continue with continuing education units, said Pelletier. "Further, we have implemented an online electronic learning management system to provide additional training opportunities as well as unique/specific training topics for our employees," he said.

The staff has the ability to go online and take various courses offering different techniques, he said. "The curriculum varies in the services that we provide," said Pelletier.

Company officials boast an outreach program "unparalleled to other behavioral health care and family services." "We are one of the only programs that offer the array of services via outpatient care," he said. "From experience, we've seen that behavioral health care works best when it is delivered in the community — including in people's homes, schools, child care centers, hospitals, group homes and our own South Bay offices."

Pelletier added, "This gives our clinicians the opportunity to physically reach those who need it most no matter where they are or their circumstances."

The organization employs 1,000 and serves more than 35,000 adults and children throughout Massachu-

setts and Connecticut. “Through outpatient services, our clinicians reach individuals and families in Rhode Island,” he said. The company has three locations in the Fall River/Swan-

sea area that are less than five miles away from the state and less than 25 miles away from Providence, he said. “Consumers from the Rhode Island area travel to our Massachusetts

locations for the array of services we provide, ranging from mental health and CBHI to Day Treatment, and Early Childhood Services,” added Pelletier. •

Gov. Cuomo awards NYS providers funds to build infrastructure

New York State Gov. Andrew M. Cuomo on May 9 awarded more than \$6 million to help 122 children’s behavioral health provider organizations improve or develop their technological infrastructure.

These funds, awarded statewide, will be used by providers to implement new technologies to launch or update their Medicaid billing infrastructure, according to a press release from the governor’s office.

Each of the 122 providers will receive \$49,850 and is under the jurisdiction of the Office of Mental Health and the Office of Alcoholism and Substance Abuse Services.

This one-time funding will be used by providers to purchase technological infrastructure upgrades, including electronic health record or billing software; new servers to support database systems; and computers, routers and other hardware. The funding will also be used to educate staff on how to operate these new systems.

“As New York state transitions to managed care, there is a critical, systemwide need for updated infrastructure,” Amy Kohn, Ph.D., CEO of the Mental Health Association of Westchester, told *MHW*. “We appreciate the state’s support and look forward to increased resources as we continue to deliver vital mental health services to children throughout our community.”

“The grant we received is earmarked for children and adolescent programs,” James F. Agan Jr., COO of Pathways Inc. in Corning, told *MHW*. “As a human services provider, we’re facing many challenges as our system moves into a managed care environment. The technological infrastructure desperately needs upgrades

as managed care becomes a reality.”

Agan noted that the benefits are significant. “We’re benefiting greatly,” he said. “We’re updating our servers, computers and iPads that are necessary for our staff.”

On October 1, the children’s program will be transitioning to the managed care arena, said Agan.

That environment will be heavy in care management, he said. Staff will help devise plans for children and families and look at a person’s medical needs as well as their social, emotional and behavioral health needs, Agan said.

vided by the state to assist us with all the changes,” he said.

Kiosk machines

Herrick Lipton, CEO of New Horizon Counseling Center in Ozone Park, said one plan for the use of the grant award will be the installation of mini kiosk machines in the waiting area for consumers. Among other things, consumers will be able to book appointments and work with staff on scheduling work through its care management program. “This will allow clients to interact with our website portal,” Lipton told *MHW*.

‘We appreciate the state’s support and look forward to increased resources as we continue to deliver vital mental health services to children throughout our community.’

Amy Kohn, Ph.D.

In the past, different plans in the organization focused solely on medical or mental health, said Agan. “There had never been a good coordination of children’s needs,” he said. The managed care environment through care coordination will focus on looking holistically at children and families, said Agan. “Strength-based plans will address all of their needs,” he said.

Training and readying providers to move forward with electronic health records has occurred over the past couple of years, he noted. “There’s been an intense level of training, including workshops, pro-

About 60 percent of New Horizon clients are children, said Lipton. Programs and services include outpatient behavioral health, day programs, adult home behavioral health, and school-based and chemical dependency programs.

“We’re going to be upgrading our computer hardware equipment in order to enhance services to our clients,” said Lipton. New equipment will include touch-screen computers to be used with therapeutic groups, he said.

“We are grateful for the \$50,000 that Gov. Cuomo is allocating to address the behavioral health needs of New Yorkers,” Lipton said. •

MHA, Walgreens seeking 3 million online screenings by 2017

Mental Health America (MHA) and Walgreens, in conjunction with May is Mental Health Month, on May 10 announced a new dedicated mental health “answer center” to help connect people to MHA’s Online Screening Program — free, scientifically based online screenings for such conditions as post-traumatic stress disorder, depression, anxiety and bipolar disorder.

Officials say that with timely intervention so critical to early-stage treatment, Walgreens and MHA together have set a goal to complete three million online screenings by the end of 2017.

The new platform aims to improve health outcomes through early screening and intervention, heighten consumer awareness and reduce the stigma associated with mental illness. The platform also seeks to connect people with clinical resources in their community that can help.

MHA believes that taking a screening is one of the quickest and easiest ways to determine whether you are experiencing symptoms of a mental health condition, officials stated. These screenings are part of an ongoing effort by MHA to address mental illness “before Stage 4.”

As part of the new answer center at Walgreens, the company will also be providing opportunities for continuing education for its pharmacists and nurse practitioners, to better serve the needs of mental health patients. Its new mental health an-

swer center features informational resources and content, and can connect users to MHA’s Online Screening Program.

Screening goal

“Our goal is that everyone in America should be screened for mental health as frequently as they are for blood pressure (adults) and hearing and vision for children,” Paul Gionfriddo, president and CEO of MHA, told *MHW*. Gionfriddo pointed to the recent recommendation by the U.S. Preventive Services Task Force that adolescents age 12

‘Our goal is that everyone in America should be screened for mental health as frequently as they do for blood pressure (adults) and hearing and vision for children.’

Paul Gionfriddo

and older should be screened regularly for major depressive disorder.

What MHA is providing is access to screening tools that have been available for the last couple of years and access to information about mental health that has not been previously available to people who visit the Walgreens site, he said. Visitors to the site will be able to chat online with a pharmacist or a mental health professional, said Gionfriddo.

Following an online screening, visitors can also be directed to providers and specialists in local communities as well as anyone at MHA’s local affiliates across the country,

Gionfriddo noted. “They can make an appointment to get further support services or referrals,” he added.

“We’re giving both our clients and [Walgreens] clients an opportunity to get more information free of charge,” he said. It’s important that people understand the mental health connection to overall health, said Gionfriddo.

Retail clinic screening

A different sort of collaboration involving mental health screening occurred in 2014. The Philadelphia Department of Behavioral Health and Intellectual disability Services, in conjunction with the Scattergood Behavioral Health Foundation, Screening for Mental Health and the Family Practice and Counseling Network, on August 5, 2014, introduced the first Behavioral Health Screening Kiosk inside a retail-based health clinic in a ShopRite store in Philadelphia (see *MHW*, Aug. 18, 2014).

The screening tool in the Philadelphia retail clinic, called Wellness at Your Fingertips, is a tablet-based, mental health assessment tool that allows people to get “high-quality, quick, free and anonymous” behavioral health screenings, in English and in Spanish, through mounted tablets in the waiting area.

“There’s never been a collaboration quite like this one, especially regarding early identification and intervention stages,” Gionfriddo said. This is the first program like this to launch nationally, he said.

“We’re proud to work with MHA on this important initiative to help meet the need for mental health resources in our communities, and to better support our customers and patients in attaining both good physical and mental health,” Alex Gourlay, Walgreens president, said in a press release. •

Visit our website:
www.mentalhealthweeklynews.com

Mental Health Weekly welcomes letters to the editor from its readers on any topic in the addiction field. Letters no longer than 350 words should be submitted to:
Valerie A. Canady, Managing Editor
Mental Health Weekly
111 River Street
Hoboken, NJ 07030-5774
Email: vcanady@wiley.com
Letters may be edited for space or style.

NCMMH from page 1

ing Postpartum Depression Out of the Shadows Act of 2015, are supported to date by 63 members of Congress. The identical legislation calls for the federal government to provide \$5 million annually for four years, 2016–2020, to states to support their actions in finding “innovative solutions” to this pervasive problem, said officials.

In another legislative advocacy push, the NCMMH launched a #LoveAnotherMother day of action on February 11. The campaign called for supporters to call, tweet or share with their congressional representatives the need for their support of the Bringing Postpartum Depression Out of the Shadows Act of 2015 (see *MHW*, Feb. 22).

Lynne McIntyre, LCSW, chair of the NCMMH, told *MHW* that she is hopeful lawmakers will move on the bipartisan legislation before they recess for the summer. The fact that the bill is featured as an amendment in the Public Health Service Act is even more encouraging, she noted.

Citing the proposed \$5 million, the legislation does not include a large amount of money, “but it can’t be overstated that this is the first time federal monies have been earmarked for investigating and treating these disorders,” said McIntyre, who will be moderating a panel during the congressional briefing. Prior to this legislation, the only federal bill on this issue to have passed previously was the MOTHERS Act, she said.

The MOTHERS Act, introduced in 2007, aimed to ensure that new mothers and their families are educated about postpartum depression, screened for symptoms and provided with essential services, and to increase research at the National Institutes of Health on postpartum depression.

“Congress acknowledged that postpartum depression was a problem and the need to improve the health and well-being of mothers and families,” McIntyre said. Law-

makers noted that women should be screened for postpartum depression; however, there was no funding attached to the legislation, she said.

Need to address suicide

Depression, bipolar disorder, anxiety and post-traumatic stress disorder are the main complications facing women in pregnancy and childbirth, she said. Suicide rates among pregnant and postpartum women is concerning, she said.

McIntyre pointed to previous research, “Prevalence of suicidality during pregnancy and the postpartum,” appearing in the June 2005 issue of *Archives of Women’s Mental Health*. Researchers of that study found that the risk for suicidality is significantly elevated among depressed women during the perinatal period, and suicide has been found to be the second or leading cause of death in this depressed population.

McIntyre noted a new effort led by the Association of Maternal & Child Health Programs, an advocacy group, and the Centers for Disease Control and Prevention, that was mentioned in a *Washington Post* article on May 9. Citing the relatively high percentage of American women who die as a result of pregnancy, officials want every state that doesn’t have one to create a maternal mortality panel of medical and forensic experts. There’s no mention of mental illness at all, she noted.

McIntyre added that if a mother dies by suicide, the United States, unlike other countries, does not record whether the death occurred during the first year of postpartum depression. Countries like the United Kingdom, New Zealand and Australia inquire more about the circumstances involved in maternal deaths, she said. “They’re doing a little bit more across the board,” she said.

Women will be screened and referred for appropriate treatment, she said. During the perinatal period, they can receive social supports as interventions or home visits, or be seen by a psychiatrist and receive

medication, McIntyre said. “Women in this period need specific treatment and intervention by people who are trained and [interventions] proven to work for them,” she said.

McIntyre added, “Even psychiatrists, who are not reproductive experts, will meet with a woman, find out she is pregnant and tell her she needs to go off all of her antidepressant medications. They would never tell her to stop taking insulin.” Psychiatrists need training and education, said McIntyre.

“Before interventions can go nationwide and become standard practice, you need more research studies,” McIntyre said. “It adds to what we know about best practices. Once you do the research, you have ammunition to go to funders [to support] available services.” Untreated maternal depression costs about \$22,000 per mother/child dyad,” said McIntyre. “A lot of women go undiagnosed and untreated.”

Other speakers and presenters at the congressional briefing will include Samantha Meltzer-Brody, M.D., MPH, director at the University of North Carolina at Chapel Hill Center for Women’s Mood Disorders; Danni Starr, TLC network host and postpartum depression and anxiety survivor; and Randy Gibbs, executive director of Jenny’s Light and brother of the late Jenny Gibbs.

The NCMMH was formed in 2013, along with a number of other leading nonprofit voices addressing these disorders to create and implement uniform awareness campaigns, engage thought leaders and drive national advocacy, and to provide hope and resources to the more than 800,000 women and their families who are impacted by postpartum disorders each year, said officials. •

If you need additional copies of *Mental Health Weekly*, please contact Customer Service at 800-835-6770 or cs-journals@wiley.com.

STATE NEWS

Kansas Legislature adds patient protections to step therapy bill

The Kansas Legislature added several patient protection measures to a bill allowing “step therapy” for Medicaid drugs before passing the legislation May 2. Step therapy requires Medicaid patients to try the least expensive medications for treating their ailments first. If those fail, they can then “step up” to a more expensive alternative. Gov. Sam Brownback’s administration wrote about \$10 million in savings into its budget proposal under the assumption the legislature would sign Medicaid step therapy into law. The three insurance companies that administer KanCare, the state’s privatized Medicaid program, will decide how to impose the step therapy requirements, with guidance and oversight from the Kansas Department of Health and Environment and a Drug Utilization Review Board that includes doctors, pharmacists and other health care professionals. Among its provisions, the final bill exempted all medications prescribed before the law takes effect July 1 and placed a 30-day limit on the time patients may be required to use a cheaper multiple sclerosis drug. Amy Campbell, spokesperson for the Kansas Mental Health Coalition, said she was “really unhappily surprised” to hear legislators say during the final debate on the bill that it exempted mental health drugs after she had one-on-one meetings with them to tell them otherwise.

Los Angeles County restricts solitary confinement for juveniles

Los Angeles County, which operates one of the nation’s largest juvenile justice systems, has approved a plan that places broad restrictions on the use of solitary confinement for juveniles locked in county detention facilities, *The New York Times* reported May 3. The plan, approved unanimously by the Board of Super-

Coming up...

The **U.S. Psychiatric Rehabilitation Association** will hold its 2016 recovery workforce summit, “The State of Recovery in the World of Psych Rehab: Our Collective Vision Put Into Action,” **May 22–25 in Boston**. Visit www.uspra.org for more information.

Mental Health America will host its annual conference, “Media, Messaging and Mental Health,” **June 8–10 in Alexandria, Va.** For more information, visit www.mentalhealthamerica.net/annualconference.

The **National Association for Rural Mental Health** is hosting its 42nd annual conference, “Rural Mental Health: What’s Around the Corner?” **June 15–18 in Portland, Maine**. Visit <http://togpartners.com/narmh/2016> for more information.

The **National Alliance on Mental Illness** will hold its national convention, “Act. Advocate. Achieve.,” **July 6–9 in Denver**. Visit www.nami.org/convention for more information.

visors, allows for the use of solitary confinement only for brief periods as a “cooling-off” measure. Even then, placing someone who is younger than 18 in solitary confinement can be done only in consultation with a mental health professional, according to the law, which will be phased in by Sept. 30. “We need a more therapeutic approach, finding ways to help these youngsters who have probably been traumatized all of their lives, instead of treating them like rats,” said Hilda L. Solis, a county supervisor who was a sponsor of the legislation. More than a dozen states have banned the practice in recent years, and in Janu-

ary, President Obama announced a largely symbolic federal prohibition on the use of solitary confinement for juveniles in federal prisons. The ban affected fewer than 30 young inmates who were being held in isolation.

Renew your subscription today.

800-835-6770

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

In case you haven’t heard...

Can spanking a child lead to long-term mental health problems? Experts at the University of Michigan and the University of Texas seem to think so following a review of 50 years of research, CBS Detroit reported April 25. Andrew Grogan-Kaylor, a researcher from the University of Michigan School of Social Work, says it’s almost unanimous that spanking children has long-term negative effects, such as mental health problems, depression and aggression. “Anyone who does research on children and families or almost anybody I know who works with children and families, the results are no surprise,” Grogan-Kaylor said. “What’s surprising is kind of the unanimity of 50 years of research — it’s not inconsistent research or it’s not kind of a debate; it’s almost 100 percent consistent. As human beings, we often tend to be bad at seeing long-term outcomes. So what the research says is that the spanking is probably not going to correct the behavior in the short term and it’s very likely to lead to mental health difficulties, anxious kids, aggressive kids.” The study appears in the *Journal of Family Psychology*.