MENTAL HEALTH WEEKLY
Essential information for decision-makers

Volume 33 Number 45
November 20, 2023
Online ISSN 1556-7583

In This Issue...

Editor's note:
Mental Health Weekly will not publish a Nov. 27 issue. We wish all of our readers a Happy Thanksgiving. Publication will resume in two weeks with the Dec. 4 issue.

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CMS physician fee final rule supports Medicare changes, advances equity

The Centers for Medicare & Medicaid Services (CMS) announced Nov. 2 the finalization of its policies that include expanded access to behavioral health care, the support of whole-person care, and changes that will mean Medicare beneficiaries will be able to access treatment and services provided by marriage and family therapists (MFTs) and mental health counselors (MHCs).

Among the highlights of the final rules impacting Medicare and behavioral health, CMS will make corresponding changes to the behavioral health integration codes to allow MHCs and MFTs to provide integrated behavioral health care as part of primary care settings.

"We are elated with the signing into law for Licensed Mental Health Counselors (LMHC)/Licensed Professional Counselors (LPC) and Licensed Marriage and Family Therapists (LMFT) to have the opportunity to become Medicare providers," Beverly Smith, Ph.D., interim CEO and executive director of the American Mental Health Counselors Association, told *MHW*. "LMHC/LPC are the largest group of helping professions within our industry. It just

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Bottom Line...
CMS has finalized policies to include licensed mental health counselors and marriage and family therapists becoming Medicare providers and providing such services as psychotherapy and psychological evaluations.

Silver Hill Hospital launches trauma-focused residential program

One of the country's oldest and most prominent psychiatric hospitals has launched a residential program specializing in treating adults with severe trauma and dissociative disorders, with a recommended 12-week stay to absorb an intensive therapeutic curriculum covering 60 topics.

New Canaan, Connecticut-based Silver Hill Hospital's Transitional Living Program for the Treatment of Trauma began operations on Nov. 6 with a capacity of eight patients. Silver Hill hired Emily E. Haas, M.D., whose experience includes working as co-service chief at Sheppard Pratt Hospital's Trauma Disorders unit, to design the new program and direct the operation.

Haas told *MHW* last week that the program will employ the triphasic approach to addressing trauma, but with a strong emphasis on the first phase of achieving stabilization and safety. Although she said she believes professionals in the mental health field have made great strides in understanding the need to deliver trauma-informed care, she said this has not yet translated to

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Bottom Line...
Leaders of Silver Hill Hospital's new transitional living program for patients affected by trauma will encourage a 12-week stay so that patients can gain maximum benefit from an intensive curriculum.

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makes sense that we would finally be granted by law to provide services to Medicare beneficiaries."

AMHCA has been established and advocating for parity regarding Medicare for 47 years, said Smith. "AMHCA has not worked in isolation which is a major strength in advocacy work," she said. "However, AMHCA has worked with workgroups and coalitions across the country to coalesce for parity in regard to Medicare."

The impact of these changes means that (LMHC/LPC) and (LMFT) will provide services as outlined in Medicare Part B (typically, outside of the hospital), Smith noted. They include outpatient services that cover one depression screening per year, psychotherapy, family counseling, diagnostics tests, psychological evaluations/testing/assessments, a one time Welcome to Medicare visit, and a yearly wellness visit, she explained.

"Additionally, substance disorder treatment will be an available service starting in January 2024. Also Medicare Part B allows for mental health services for medication management and partial hospitalization," she said.

APA gains

The American Psychiatric Association (APA) said as a result of the organization's advocacy, psychiatrists and patients will see important gains in the 2024 Medicare Physician Fee Schedule.

Highlights of the new policies that go into effect on Jan. 1, 2024 include policies regarding physician reimbursement, outpatient telepsychiatry, MIPS (Merit-Based Incentive Payment System) reporting, and virtual supervision of trainees.

"Overall, CMS acknowledged the need for mental health care," Becky Yowell, director of reimbursement quality for APA, told *MHW*. The final rule made payment adjustments to help clinicians cover the cost of care through related psychotherapy codes, she said. The original proposal included a subset of psychotherapy codes, Yowell noted. "We advocated for all psychotherapy services; CMS was very responsive to that."

APA pointed to other gains, such as CMS extending through 2024 the current temporary policy to reimburse outpatient telepsychiatry in the patient's home (code POS 02) at the same rate as in-person care. (The patient's home can include temporary lodgings or other community-based settings.) Additionally, Medicare practitioners may continue to report their practice location instead of home address when providing telehealth services from their homes.

CMS accepted APA's recommendation to increase the relative value units for psychotherapy codes used alongside a code for evaluation and management (E/M) services by approximately 19.1%, phased in over four years, according to APA. For 2024, this will result in an increase in payment for psychotherapy visits of between $3 and $6.

Outpatient telehealth that is delivered to the patient's home or community setting will be paid at the same rate as in-person care, said Yowell. "Care provided in facility settings, including in outpatient, provider-based departments, will continue to be paid at the lower facility rate," she said.

Yowell added, "We will know more about payments for 2025 in the proposed rule that comes out in July [2024]. APA's position is that payments for telehealth in the outpatient setting should be paid the same as in-person care."

CMS has also finalized its policies to allow the Health Behavior Assessment and Intervention (HBAI) services to be billed by clinical social workers, MHCs, and MFTs, in addition to clinical psychologists. HBAI codes are used to identify the psychological, behavioral, emotional, cognitive and social factors included in the treatment of physical health problems.

Strengthening equity, quality in BH care

CMS' Behavioral Health Strategy covers multiple elements including access to prevention and treatment services for substance use disorders, mental health services, crisis intervention and pain care; and further

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Mental Health Weekly (Online ISSN 1556-7583) is an independent newsletter meeting the information needs of all mental health professionals, providing timely reports on national trends and developments in funding, policy, prevention, treatment and research in mental health, and also covering issues on certification, reimbursement and other news of importance to public, private nonprofit and for-profit treatment agencies. Published every week except for the second Monday in April, the first Monday in September, the last Monday in November and the last Monday in December. The yearly subscription rates for **Mental Health Weekly** are: Online only: $646 (personal, U.S./Can./Mex.), £334 (personal, U.K.), €421 (personal, Europe), $646 (personal, rest of world), $8,381 (institutional, U.S./Can./Mex.), £4,279 (institutional, U.K.), €5,410 (institutional, Europe), $8,381 (institutional, rest of world). For special subscription rates for the National Council for Mental Wellbeing, USPRA, The College for Behavioral Health Leadership, NACBHDD and Magellan Behavioral Health members, go to http://ordering.onlinelibrary.wiley.com/subs.asp?ref=1556-7583&doi=10.1002/(ISSN)1556-7583. **Mental Health Weekly** accepts no advertising and is supported solely by its readers. For address changes or new subscriptions, contact Customer Service at (800) 835-6770; email: cs-journals@wiley.com. © 2023 Wiley Periodicals LLC, a Wiley Company. All rights reserved. Reproduction in any form without the consent of the publisher is strictly forbidden.

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enables care that is well-coordinated and effectively integrated, a CMS news release stated on whole-person care.

The CMS Behavioral Health Strategy also seeks to remove barriers to care and services, and to adopt a data-informed approach to evaluate behavioral health programs and policies. The CMS Behavioral Health Strategy will strive to support a person's whole emotional and mental well-being and promotes person-centered behavioral health care, CMS officials stated.

> **"We advocated for all psychotherapy services; CMS was very responsive to that."**
>
> Becky Yowell

A few of CMS' objectives in strengthening equity include:

- Reducing disparities in health and health care among individuals whom CMS serves to improve access to high quality, affordable, person-centered behavioral health care and ensure parity in access, coverage, and quality for physical and mental health services, including care enabled through telehealth and technology;
- Incorporating health equity into new care and payment models and optimizing whole-person care for beneficiaries with, and at risk of, behavioral health conditions; and
- Providing effective outreach and education on CMS's behavioral health services to inform beneficiaries, caregivers and providers utilizing culturally and linguistically appropriate materials that meet the needs of individuals with low literacy, low health literacy and limited-English proficiency.

Collaborative care

One important area that APA wants to revisit is the collaborative care model, said Yowell. "Increasing financial support associated with the implementation of the model, increasing payments in recognition of the complexity of care (recognition that patients within the model meet the guidelines associated with the G2211 code), addressing billing differences based on setting (federally qualified health centers/rural health clinics have differing time requirements; there is a lack of clarity in how you bill this in the facility setting)," she stated.

APA is also involved with other multidisciplinary groups to encourage suicide safety planning in the hospital emergency department. APA is part of a stakeholder group including the American Psychological Association, the National Association of Social Workers, the American College of Emergency Physicians, the National Institute of Mental Health, and individuals from the University of Pennsylvania and University of Massachusetts who have been involved in research around suicide safety planning (SSP), Yowell said. "This includes Greg Brown of the Stanley-Brown Safety Planning [Intervention] model," she said. "Initial focus is getting coverage/payment for SSP in the emergency department. We will then look at how this is handled in other settings. We would encourage use of an evidence-based model for safety planning." •

Project creates messaging efforts about MH to boost 988 use

Informing culturally sensitive, responsive, and effective messaging development to help individuals access the 988 Suicide and Crisis Lifeline in times of crisis is just one of the major aims of a new project borne out of a collaborative partnership that includes the Ad Council Research Institute, the National Action Alliance for Suicide Prevention and the Suicide Prevention Resource Center, with support by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Since July 2022, 988 has been the national three-digit hotline for mental health resources and suicide prevention and has since responded to five million contacts in its first year, the project report stated. The partners of the research project meanwhile, are calling for increased awareness and use of this valuable resource.

> ***Bottom Line…***
> *The 988 Formative Research Project, which aims to fill a critical research gap, supports more informed 988 messaging and implementation efforts.*

The project director for the 988 Formative Research Project stressed the need for more research around 988. "To date, there has not been good, rich data around specific populations at high risk for suicide," Elizabeth Box told *MHW*. She pointed to limited research around the public perception of 988. "It's not just about services, but what are the knowledge, attitudes and beliefs that would encourage someone to reach out for support?"

As part of this collaborative 988 Formative Research Project, announced Nov. 8, the partners released a comprehensive 113-page report, "988 Suicide & Crisis Lifeline: Messaging and Communications to People at Higher Risk for or Disproportionately Impacted by Suicide," which contains important findings about the public's awareness, perspectives, beliefs, and

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current and potential usage of the 988 Suicide & Crisis Lifeline."

"We want to better understand specific populations to raise awareness and to instill trust in 988," Box stated. "We explored how study cohorts thought about mental health and about their own mental health."

Research methodology

The project team brought together diverse public and private sector partners and subject matter experts who advocate for and work directly with the identified populations at higher risk to serve as Guidance Panel members.

Study findings

The study examined, and is organized around, five key areas: (1) mental health; (2) suicidal ideation; (3) 988 use; (4) 988 messaging; and (5) trusted messengers and resources.

Study findings in the mental health category found that one third of participants ages 13-34 (32%) — and even more 13-34-year-old American Indian/Alaska Native participants (38%) and Asian American, Native Hawaiian, and Pacific Islanders (42%) — indicated a negative current mental state, including that they were "just holding on" and "I can't keep this up," compared to one quarter (26%) of the overall population surveyed.

Among the other cohorts, a third (33%) of participants with disabilities also indicated a negative current mental state, along with nearly half of LGBTQIA+ participants and participants who have experienced suicidal ideation (48% each). Conversely, older (ages 49+) rural men in the survey indicated a better current mental state than general population participants (just 17% and 19%, respectively, indicated a negative mental state).

In a prompt about 988 in the quantitative survey, about half of the sample had heard of the call number — though they primarily said they were somewhat familiar with it or that they don't know much about it. At the time of this survey, 5% or fewer of cohorts said they've used it.

Across cohorts, participants who said they'd be extremely/very likely to consider using 988 ranked 24/7 availability as a top reason for their consideration (48%). Other top reasons included that they:

- Could communicate with someone trained to help (33%);
- Would remain anonymous (32%);
- Could communicate with a real person (31%); and
- Would be able to use the service at no charge (30%).

Framing

The report tested a handful of messaging frames, which is how a topic, product, or service might be talked about in conversation, explained Box. "It's not an advertising-ready message, like what you might see in a [public service announcement] PSA or on a billboard," she said.

The foundational frame indicated that: "If you're feeling overwhelmed by life or emotions, you don't know where to turn when in crisis, or you're questioning if your life is worth it, call/text/chat with a counselor at 988. You'll get one-on-one support from a skilled, compassionate counselor, 24/7. Your conversation is confidential, you'll feel heard and cared about, and you'll get connected with local mental health support."

"Call/text/chat with a 988 counselor. They are ready to listen."

The overall impression was that most found the foundational frame extremely/very helpful in explaining 988 — except older rural men, who were more likely to find it "somewhat helpful."

Box noted that the initial message frames tested in the qualitative phase were developed collaboratively among all partners and refined for quantitative testing using feedback from research participants.

After reading the frame, over half of participants ages 13-34 (57%), participants with disabilities (52%), LGBTQIA+ participants (51%) and participants who have experienced suicidal ideation (51%) said they'd be extremely/very motivated to use 988 if they found life to be difficult

Populations identified for the 988 Formative Research project

After a careful review of 2022 U.S. suicide data, the 988 Formative Research Project partners identified the following populations for inclusion in the formative research:

- American Indian/Alaska Native youth and young adults (ages 13-34);
- Asian American, Native Hawaiian, and Pacific Islander youth and young adults (ages 13-34);
- Black youth and young adults (ages 13-34);
- Hispanic youth and young adults (ages 13-34);
- Individuals who have attempted suicide or experienced serious thoughts of suicide during their lifetime (ages 13+);
- LGBTQIA+ youth and adults (ages 13-49);
- People with disabilities (ages 13+); and
- Rural older men (ages 49+).

The research team screened participants in the study for people who had expressed mental health distress or crisis at some point in their lifetime, and excluded any potential participants if they had recent experiences, or were currently in crisis, and directed them to 988 for support. In addition, the team ensured they also had perspectives and input from suicide attempt survivors in this study.

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or overwhelming, or if they were struggling with their mental health. Older participants were less motivated (40%), especially older rural men (33%).

A toolkit for supporting culturally sensitive, responsive, and successful communications is also available at www.988messaging.org/research. The toolkit is designed to help organizations that reach the public — including nonprofit organizations, state and local government entities, along with others — to raise awareness and trust in 988, a news release stated.

Box noted that message framing makes the report unique. "Successful public health communication relies on research, and testing what is effective with audiences," she said. "These evidence-based message frames are an important starting point for building out messages that can be further tested and refined for specific audiences.

She added, "Anybody messaging or communicating about 988 should use this formative research to help guide their message and campaign development and testing." •

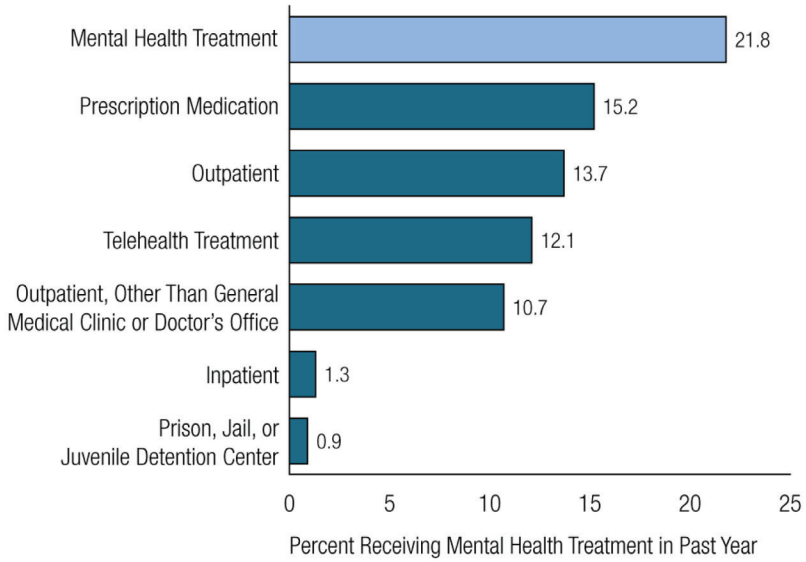
NSDUH report highlights MH issues among youth and adults

Last year, nearly 1 in 4 adults aged 18 or older had any mental illness (AMI) in the past year (59.3 million or 23.1%). Among adolescents aged 12 to 17 in 2022, 19.5% (or 4.8 million people) had a past year major depressive episode (MDE). These are among the key findings in the Substance Abuse and Mental Health Services Administration's (SAMHSA's) 2022 National Survey on Drug Use and Health (NSDUH) released Nov. 13.

The annual survey captures a snapshot of the mental health needs of people living in the United States. The NSDUH report provides nationally representative data on the self-reported use of tobacco, alcohol, and illicit drugs; substance use disorders; mental health conditions; suicidal thoughts and behaviors; and substance use and mental health treatment among the civilian, noninstitutionalized population aged 12 or older in the U.S.

The NSDUH report, "Key Substance Use and Mental Health Indicators in the United States: Results from the 2022 National Survey on Drug Use and Health," used multimode data collection, in which 71,369 respondents aged 12 or older completed the survey in person or via the web. Estimates based on multimode data collection in 2022 are not comparable with estimates from 2020 or prior years, SAMHSA officials stated.

Types and locations of mental health treatment received in the past year: Among adults 18 or older, 2022



Note: Types and locations where people received mental health treatment are not mutually exclusive because respondents could report that they received treatment in more than one setting in the past year.

Note: Mental health treatment includes treatment/counseling received as an inpatient or as an outpatient; use of prescription medication to help with mental health; telehealth treatment; or treatment received in prison, jail, or juvenile detention center. People who received outpatient mental health treatment in a location other than a general medical clinic or doctor's office also are uncluded in the estimate for outpatient mental health treatment.

Source: *Results from the 2022 National Survey on Drug Use and Health: Graphics from the Key Findings Report*, SAMHSA

Major depressive episode

Among adults aged 18 or older in 2022, 8.8% (or 22.5 million people) had a past year MDE, according to NSDUH. The percentage was highest among young adults aged 18 to 25 (20.1 percent or 7 million people), followed by adults aged 26 to 49 (9.7% or 10 million people), and adults aged 50 or older (4.6% or 5.5 million people).

Taking into account race and ethnicity among adults aged 18 or older in 2022, multiracial adults (16.4%) were more likely to have had an MDE in the past year compared with white (9.2%), Hispanic (8.8%), American Indian or Alaska Native (7.6 percent), Black (6.6%), or Asian adults (6.3%). Black adults were less likely to have had a past year MDE compared with white or Hispanic adults, and Asian adults were less likely to have had a past year MDE compared with white adults. The estimate for a past year MDE could not be calculated with sufficient precision for Native Hawaiian or Other Pacific Islander adults, SAMHSA stated.

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SMI among adults in the past year

Among adults aged 18 or older in 2022, 6% (or 15.4 million people) had SMI (serious mental illness) in the past year, the report found. Consistent with the age group pattern for AMI, the percentage of adults aged 18 or older with SMI was highest among young adults aged 18 to 25 (11.6% or 4 million people), followed by adults aged 26 to 49 (7.6% or 7.8 million people), then by adults aged 50 or older (3% or 3.5 million people).

Among adults aged 18 or older in 2022, multiracial adults (11.8%) were more likely to have had SMI in the past year compared with white (6.5%), Hispanic (5.3%), Black (4.7%), Asian (4.1%), or Native Hawaiian or Other Pacific Islander adults (3.5%). The percentage of adults with SMI in the past year was lower among Black or Asian adults than among white adults.

Substance use among adolescents with MDE

Adolescents aged 12 to 17 who had a past year MDE were more likely to have used some substances in the past year, or past month, compared with their counterparts who did not have an MDE in the past year. In 2022, adolescents aged 12 to 17 with a past year MDE were more likely than adolescents aged 12 to 17 without a past year MDE to have been past year illicit drug users (26.1% vs. 11.5%), past year marijuana users (22.1% vs. 8.9 %), or past year misusers of opioids (i.e., heroin users or misusers of prescription pain relievers) (3% vs. 1.3%).

Adolescents aged 12 to 17 with a past year MDE also were more likely than those without a past year MDE to have been past month binge alcohol users (5.5% vs. 2.7%). In addition, adolescents aged 12 to 17 with a past year MDE were more likely than those without a past year MDE to have used tobacco products or to have vaped nicotine in the past month (14% vs. 5.8%).

Adolescents aged 12 to 17 with a past year MDE also were more likely than those without a past year MDE to have been past year or past month users of other substances, such as opioid misuse, tobacco products, illicit drugs and marijuana.

MH perception

The percentage of adults aged 18 or older in 2022 who perceived that they ever had a problem with their mental health was higher among multiracial (33.9%) or white adults (28.4%) than among American Indian or Alaska Native (19.6%), Hispanic (18.6%), Black (16.0%), or Asian adults (15.8%).

However, among adults aged 18 or older who perceived that they ever had a problem with their mental health, there were no statistically significant differences in the percentages of Asian, Black, Hispanic, white, or multiracial adults who considered themselves to be in recovery or to have recovered from their mental health issue. Percentages of adults in these racial or ethnic groups who had a problem with their mental health but considered themselves to be in recovery, or to have recovered from their mental health issue, ranged from 62.4% of multiracial adults to 67.6% of Asian adults. •

The 2022 NSDUH report can be found at https://www.samhsa.gov/data/sites/default/files/reports/rpt42731/2022-nsduh-nnr.pdf.

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widespread implementation of trauma-specific programming within the industry.

"There is a large deficit in programs available, especially for those with dissociative disorders," Haas said.

Organizational commitment

Haas credited Silver Hill's executive leadership for demonstrating a strong commitment to delivering these services in a clinically sound manner. This came to light for her during internal discussions about plans for the hospital building that the program now occupies.

"The rooms in the house had double occupancy in the past, and I explained that these patients can't be sharing a room," Haas said. Single rooms can be especially important for patients who might struggle with feeling safe in a new environment, might experience nightmares, or might come into treatment feeling highly mistrustful of others.

"Leadership has been incredibly committed to making this successful," Haas said. "It has been a smooth process to get the things that are clinically necessary."

The program will emphasize stabilizing post-traumatic and dissociative symptoms and will address common comorbid conditions in these patients, including mood disorders, eating disorders and substance use problems. Some components of the second and third phases in the tri-phasic approach (trauma memory processing and reconnection with meaningful activities) will be addressed in the program, though Haas said much of that work is best done over time in outpatient therapy.

The program, which is not accepting insurance at this time, will have a minimum length-of-stay of six weeks. However, a 12-week stay will be recommended so that patients can address each topic in the curriculum twice, Haas said.

As evidence of the patient population's breadth and diversity, the program already has admitted a 19-year-old patient and was preparing to admit a 62-year-old at the time *MHW* spoke with Haas. It is expected that some patients will come from other behavioral health treatment programs at Silver Hill. Trauma is highly prevalent across

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the population, Haas said, as events of the day that range from mass shootings to political stressors often serve to activate past traumatic experiences.

Each clinical group session will have two social workers present, she said, with one leading the group and the other available to offer one-on-one help for an individual who might be struggling during the session.

Staffing considerations

Haas has been working for the past year to staff the new program with social workers and counselors, an effort that mostly has involved identifying ideal candidates from within the organization.

Working with patients who are affected by trauma and have problems with memory and identity can be extremely demanding emotionally. One of the qualities Haas looks for in a candidate is the ability to maintain strong boundaries. "This will help people feel safe," she said. "Interpersonal trauma is in essence a boundary violation."

The willingness to work on a team and a desire to learn also are important for staff, Haas said. "Few clinicians have had prior training in dissociative disorders," she said.

Along with the intensive training and supervision that will be necessary for these clinicians, Haas said the program will continually emphasize necessary self-care strategies for staff.

In her biographical information on Silver Hill's website, Haas states, "I am amazed, still to this day, by how life-changing and powerful the correct treatment and skills can be for someone who has survived trauma. This is why I find it essential to be involved in the education and training of mental health professionals so that there are more providers qualified to identify and help these individuals who have already suffered a considerable amount."

Evaluating the impact

A combination of objective measures and patients' subjective assessment of their emotions, safety and understanding of symptoms will be used to evaluate the program's impact, Haas said. Patients will complete four separate assessments in the first week of treatment and will repeat three of them in subsequent weeks.

"At Silver Hill, we believe deeply in our responsibility to treat all complex psychiatric disorders, and our clinical team is committed to caring for patients and their families throughout the entire continuum of care," hospital president and medical director Andrew J. Gerber, M.D., Ph.D., said in a news release announcing the transitional living program's launch. "With a renowned and deep understanding of trauma and dissociative disorders, Dr. Haas and her highly skilled team at the Trauma [Transitional Living Program] will further our mission and offer hope to an often misunderstood and undertreated population."

Silver Hill Hospital, located on a 44-acre campus in Connecticut, was established in 1931 and annually serves more than 3,000 adults and youths with behavioral health disorders. Its staff includes 21 full-time board-certified psychiatrists. •

Study finds some children not affected by MI despite adversity

Some children are unaffected by mental illness despite exposure to childhood adversity and are considered "resilient," suggest the authors of a new study published in *The American Journal of Psychiatry*. Researchers aimed to follow up such resilient children in adulthood to characterize mental health status, substance use and functional outcomes.

Exposure to adversity is a common childhood experience, researchers stated. In an early study examining adverse childhood experiences, 52.1% of adult respondents retrospectively reported exposure to at least one adversity. Such childhood exposures have been associated with wide-ranging health risks in adulthood, including ischemic heart disease, alcohol use disorder and depression, they noted.

Researchers noted that only 12%–15% of youths have a mental illness at any given time, but more than 40% of children have met criteria for a common psychiatric disorder by age 16. This estimate fails to include children with sub-threshold problems, which cause significant impairment in important aspects of life, and are associated with an increased risk of having psychiatric problems and serious impairment in adulthood. When children with sub-threshold symptoms are included, it is clear more children than not have experienced psychiatric problems at some point in childhood.

The study, "Adult Mental Health, Substance Use Disorders, and Functional Outcomes of Children Resilient to Early Adversity," led by William E. Copeland, Ph.D., professor in the department of psychiatry at the University of Vermont, takes a comprehensive, long-term perspective on resilience from childhood into adulthood.

Study methods

The analysis was based on the prospective, representative Great Smoky Mountains Study (1,420). Participants were assessed for psychiatric disorders and exposure to adversity with the structured Child and Adolescent Psychiatric Assessment (CAPA) interview up to eight times in childhood at ages 9–16 with 6,674 observations. In total, 1,266 participants (86.3%) were followed up in adulthood at ages 25 and 30 to assess psychiatric disorders, substance use disorders and functional outcomes.

Summarizing experiences

Researchers said they used up

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to eight childhood assessments of a broad range of adversities and summarized these experiences into an index of cumulative childhood adversity exposure. "During childhood, we defined children as resilient if they were exposed to multiple adversities but remained free of any mental health problems (including sub-threshold problems), as is common convention," researchers stated.

Additionally, researchers investigated whether the children who were classified as resilient in childhood remained free of mental health problems during their early adult years (ages 25 and 30), and whether these individuals functioned well in important life domains. "Our two main objectives were to determine how common childhood resilience is and to characterize how children who were defined as resilient during childhood fared in their early adult years," Copeland wrote.

A broad range of childhood adversities were assessed with the CAPA at assessments conducted between ages 9 and 16. Experiences of childhood adversity were categorized into five types: (1) low socioeconomic status; (2) unstable family structure; (3) family dysfunction; (4) maltreatment; and (5) peer victimization. Researchers estimated cumulative childhood exposure to adversity by counting the number of categories of adversity experienced.

Results

Of the 1,266 participants followed into adulthood, only 25.6% (325) had not met criteria for either a full psychiatric diagnosis or a sub-threshold disorder (i.e., some symptoms but no psychiatric diagnosis) by age 16. Participants without childhood psychiatric problems had lower levels of all types of childhood adversities. Nevertheless, many individuals in this group had experienced at least one form of adversity during childhood.

Cumulative childhood exposure to adversity was estimated by counting the number of categories of adversity experienced, among the five that were assessed.

Risk was highest among individuals who experienced multiple forms of childhood adversity: Only 12.2% (63 of 650) of individuals experiencing adversity in two or more domains were free of childhood psychiatric problems compared with 52.4% (262 of 616) of participants experiencing adversity in one or fewer domains, the study indicated.

Thus, most children without a psychiatric problem had exposure to fewer types of childhood adversity. The approximately 12% of children who did not have mental health problems despite a level of childhood adversity that is commonly associated with psychiatric problems would be considered resilient based on much of the literature (i.e., a high level of risk coupled with no psychiatric problems).

The vast majority of children without psychiatric problems had limited exposure to the types of early childhood adversity that typically evoke such problems. Only about one in eight of the children exposed to multiple forms of adversity did not display sub-threshold or fully diagnostic psychiatric problems in childhood, thus meeting common definitions of resilience.

In other words, when comprehensively measuring exposure to adversity and psychological problems over longer periods of time within childhood, resilience to childhood adversity is uncommon, researchers wrote.

An unintended consequence of the notion of resilience for individuals who eventually develop psychological problems is stigma, stated researchers. "On this point, our findings are quite clear: The development of some level of mental health problems is the normative response to significant adversity," they wrote. "Individual resilience followed by persistent mental health is rare and may not be a reasonable goal. Public health efforts should prioritize reducing risk and treating individuals who are ill." •

Coming up...

The **American Association for Geriatric Psychiatry** will hold its 2024 Annual Meeting, "Reimagining Geriatric Mental Health: Innovations to promote the well-being of caregivers and patients," **March 15–18, 2024** in **Atlanta**. For more information, visit **https://www.aagponline.org/education-events/annual-meeting**.

In case you haven't heard...

Individuals with Parkinson's disease may be at significantly higher risk for suicidal thinking and behavior than people without the disease, according to a meta-analysis published last week in *JAMA Neurology*. "Patients with [Parkinson's disease] possess multiple risk factors for suicidality, such as advanced age, living with a chronic condition, as well as limitations in physical mobility and functional ability," wrote Aaron Shengting Mai, M.S., of the National University of Singapore; Yinxia Chao, M.D., Ph.D., of the National Neuroscience Institute Singapore; and colleagues. Efforts at early detection and management of suicidality in patients with Parkinson's can help to reduce patients' risk of death and improve their quality of life, they continued. "Patients with [Parkinson's disease] often experience great psychiatric comorbidity, of which the most prominent is depression," the researchers wrote. "Depressive mood disorders are the greatest risk factors for both suicidal ideation and suicidal behavior and are present in almost half of patients with Parkinson's."