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Essential information for decision-makers

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Savings from crisis residential care makes case for system change in Texas

An economic evaluation of an Austin, Texas, crisis residential facility has identified estimated savings of a magnitude that even surprised some of the study's co-authors. The results have instilled hope that as Texas lawmakers consider mental health system reform options, they will look beyond the historic tendency to define system investment as simply building more expensive hospitals.

The analysis, published last month in *Psychiatric Services*, concluded that over a period of three

fiscal years from 2017–2019, the provision of crisis mental health services at the 16-bed program known as the Inn saved the local health care system up to \$2.8 million annually. The Inn is one of several programs that are part of a continuum of crisis care that is managed by Integral Care, Travis County's long-standing local mental health authority.

Study co-author Stephen M. Strakowski, M.D., vice dean of research at the University of Texas' Dell Medical School, told *MHW* that while crisis residential services can be found in most of the state's major metropolitan areas as an alternative to hospital care, programs such as the Inn are largely absent from the state's less populated areas. Strakowski is

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Bottom Line...

An economic analysis of a 16-bed crisis residential facility in Austin, Texas, illustrates the striking cost-effectiveness of this alternative to hospitalization.

ED screening reveals most teens had suicidal thoughts during pandemic

Observing the need to understand the vital role of screening for mental health concerns in youth, especially given the rising rates of depression and suicidal thoughts many have faced during the pandemic, emergency department and clinical staff leadership of a Wilmington, Delaware, hospital have identified populations at risk through the use of a new screening protocol.

Staff at Nemours/Alfred I. duPont

Hospital for Children used a behavioral health tool in the emergency department (ED) in order to identify teens experiencing serious mental health challenges who may have been missed otherwise, particularly if their reason for visiting the ED was not related to mental health. Additionally, they sought to identify statistical differences in data from the year before the pandemic and in the year of the pandemic.

The findings from the screening tool were presented during the National Alliance on Mental Illness's NAMIcon 2021 virtual conference July 27–28, during the session "Effectiveness of Youth Mental Health Screening."

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Bottom Line...

Because mental health issues are not always obvious, simply asking teens about their mental health works, says Delaware clinical staff involved with a new hospital screening protocol.

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working with state officials on mental health system redesign issues, including plans for major improvements to the state psychiatric hospital in Austin.

“We also have pitched to legislators that the idea is not just to put in the state hospital everyone who doesn’t fit somewhere else,” Strakowski said. Many hospitalized individuals can have their needs served much more effectively, and cost-effectively, in community-based programs such as the Inn.

The Inn’s approach

Established in 1995, the Inn is designed to offer comprehensive, individualized services for individuals in mental health crisis (with the criteria for a crisis defined broadly). Tracy A. Abzug, a clinical social worker and practice administrator at Integral Care, told *MHW* that the Inn’s lengths of stay average seven to nine days, with discharge planning for ongoing care discussed with patients from day 1. Most of the Inn’s patients are uninsured, Abzug said.

Once stabilized, these patients often can receive ongoing support through Integral Care’s outpatient services. “Our goal is to get people connected to an outpatient treatment team,” Abzug said.

Services at the Inn include intensive case management, medication treatment for stabilization, and individual and group therapy focusing on areas such as building coping skills and nurturing healthy relationships. Support for substance use problems also is a critical component, as more than three-quarters of patients have a co-occurring substance use issue, Abzug said.

‘It’s hard to monetize the value of a warm shower, a nice living room and kitchen, or an offer of help for a lost ID.’

Kathleen A. Casey, Ph.D.

These are the types of services that can be offered much more efficiently in a community-based service site than in a conventional hospital. “These sites don’t need operating rooms, intensive care units, CAT scans,” Todd A. Olmstead, Ph.D., lead author of the study and associate professor at the University of Texas’ Lyndon B. Johnson School

of Public Affairs, told *MHW*. Also, these facilities’ staff payroll costs are lower than those of specialty or general hospitals.

The Inn’s staffing includes a full-time program manager, full-time case managers, nursing staff, mental health technicians and a part-time advanced practice nurse.

The facility offers a more compassionate and home-like environment than what would be found in a typical hospital setting. “It’s hard to monetize the value of a warm shower, a nice living room and kitchen, or an offer of help for a lost ID,” Kathleen A. Casey, Ph.D., a study co-author and Integral Care’s director of clinical innovation and development, told *MHW*.

Findings of analysis

The three-year economic review of the Inn covered a period in which more than 1,300 unique individuals were served. Patients’ average age was 39 years, 68% were men, nearly 90% lived below the federal poverty level and more than half were experiencing homelessness.

The research team compared actual episodic costs for treatment at the Inn to estimated costs if these individuals had received care instead at a local psychiatric or community hospital. The average cost per episode at the Inn was \$3,121,



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compared with estimated per-episode costs of \$6,382 at a psychiatric hospital and \$8,035 at a community hospital. Translated to annual costs, this means the Inn saved the local health care system an estimated \$1.87 million a year over treatment in a psychiatric hospital and \$2.82 million a year over treatment in a community hospital.

Olmstead said most prior reviews have placed estimates of savings from such programs at around 40%, and this analysis shows numbers that exceed that.

Moreover, these figures could even be underestimates of the actual savings, the researchers pointed out. If it can be assumed that without the local crisis care option some of these

patients would have gone untreated or had an encounter with the criminal justice system, the actual costs might have been even higher than what the study's numbers suggest. "It is surely an underestimate of the costs to society," said Olmstead.

This also points out a likely reason why there aren't more of these cost-effective programs in operation. In many cases, the financial benefits of these initiatives accrue not to the organizations that provide the services, but to other systems (i.e., savings from fewer arrests and incarcerations in the justice system). It is a dilemma now widely described in policy circles as the "wrong pocket" problem, Olmstead said. "The people who benefit aren't

the ones paying the bills," he said.

The question then becomes one of considering structural reforms that would incentivize changes in how these services are funded, the study's authors pointed out.

As it stands, the results of this economic analysis of the Inn could make a strong case to policymakers that crisis residential treatment needs to be an integral part of any mental health system redesign. Strakowski said much of state lawmakers' recent significant investment in mental health has targeted the hospital system, but the mindset is gradually shifting toward a more balanced view that considers the benefits of establishing more community-based care alternatives. •

NAMI, The Steve Fund partner on improving MH of Black families

Reducing the stigma around mental health in communities of color by leading a national dialogue on the importance of promoting mental health and emotional well-being and treating mental illness is one of the key goals announced last month by the National Alliance on Mental Illness (NAMI) and The Steve Fund — a go-to resource dedicated to the mental health and emotional well-being of students of color.

The initial focus of the NAMI and Steve Fund partnership is Black families and communities — a timely and important priority, as Black Americans are reporting depression, anxiety and suicidal ideation at greater rates than people of other ethnic and majority groups, officials stated. Over the past 15 months, Black adults have experienced higher levels of depression and anxiety symptoms than white adults, according to the Centers for Disease Control and Prevention. Despite the needs, only one in three Black adults who need mental health care receive it — a problem compounded by lower rates of health care coverage.

"Partnerships like this are even

Bottom Line...

The organizations plan to co-host a communications campaign centered on the return to school and mental health for Black families.

more critical during times of shared hardship," Daniel H. Gillison Jr., CEO of NAMI, stated in a news release. "Disparate levels of use and access to mental health care, as well as racial injustice, existed long before the pandemic. But the gaps are even wider now, especially for communities of color. Our goal is to work with The Steve Fund to close as many of these gaps as possible, while raising expectations for more equity in mental health going forward."

"Through the relationship with NAMI, we intend to provide critical support and resources to African American families," Annelle B. Primm, M.D., M.P.H., senior medical director of The Steve Fund, told *MHW* in an email. "We intend to further enable the NAMI organization to utilize The Steve Fund as a resource for families in supporting the mental health and emotional well-

being of young people of color by providing expert advice, free content and resources."

Goals, benefits

The goals and benefits of the partnership are also intended to:

- combine the expertise of both organizations to address the growing need for mental health support, initially in Black communities;
- identify access points of care and support for underserved communities; and
- raise awareness of the inequities associated with COVID-19 and systemic injustices that have taken a disproportionate toll on mental health in Black communities, with higher rates of depression and anxiety and the worsening of preexisting mental illness.

Town hall and webinar series

The organizations plan to co-host a "Town Hall for Mental Health of the Black Family" in September and a communications campaign

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centered on the return to school and mental health for Black families. “We will look into planning similar convenings in 2022, to be determined,” Primm said.

“The Steve Fund will be launching a traunch of webinars entitled ‘Young, Gifted and Well for Families,’” said Primm. The Steve Fund Young, Gifted and Well for Families is a set of three webinars created to help families support the mental health and emotional well-being of their young people of color, she said.

“Hosted by nationally renowned mental health expert Stephanie Pinder-Amaker, Ph.D., with a diverse group of specialists, the series illuminates the mental health and wellness challenges faced by young people of color, examines how families can become allies and champions for their students, and shares

resources and approaches to help you navigate higher education and help your students thrive,” said Primm.

‘The Steve Fund will be launching a traunch of webinars entitled ‘Young, Gifted and Well for Families.’

Annelle B. Primm, M.D., M.P.H.

Primm added, “Young, Gifted and Well for Families is especially for parents, grandparents, siblings, guardians and any other member of the found or biological family who

seek to support the young student of color in the transition from high school to college, during college, with a special webinar focused on the needs of young men of color,” she noted.

The agenda for the NAMI/Steve Fund Town Hall is still in draft form, said Primm. Gillison will introduce the event and Primm will moderate the panel. “The Steve Fund will bring mental health experts to discuss issues that are most important to the mental health and emotional well-being of Black families,” she said. The town hall will also provide tips and tactics for ongoing support, she noted.

Primm added that the panel may include a NAMI representative of the Family to Family program, a Steve Fund mental health expert, a young person in school and parent, and a young person talking about mental health in the workplace. •

Psychologists weigh in on athletes revealing MH struggles

As more athletes begin to talk about what’s going on with their mental health, observers think their vulnerability and “coming out” might go a long way to eradicating mental health stigma. *MHW* last week talked to two psychologists with expertise in the sports arena for their take on this issue and the pressure for athletes to perform and meet others’ expectations.

Decorated Olympic champion Simone Biles pulled out of several events in the Olympics last month to focus on her mental health, she said. Biles returned to the competition in Tokyo to participate in the balance beam final and won a bronze medal for her efforts. Meanwhile, Naomi Osaka withdrew from the French Open in May, citing mental health concerns, including depression and anxiety.

Both women, as have others before them, brought the conversation on mental health into the national spotlight.

“This is the moment of public awareness,” John Heil, D.A., a practicing psychologist who combines clinical and sport performance psychology and has conducted extensive research and writing on the psychology of sport injury, told *MHW*. “If it can happen to the greatest athletes, it can happen to [anyone]. This can go a long way in reducing stigma.”

Heil added, “Mental health is the topic of the day, and that preceded Simone Biles; it may have made it easier for her to do that.” Heil pointed to the NCAA Sport Science Institute, which about five years ago released its report titled *Mind, Body and Sport — Understanding and Supporting Student-Athlete Mental Wellness*. “That was the starting point for pushing things” related to conversations about mental health, he said. A lot has happened between then and now, he added.

Another show of support for athletes and their mental health comes courtesy of Michael Phelps,

who has revealed his own experience with depression. Phelps executive-produced and narrated the film *The Weight of Gold*, which premiered last year on HBO. “In the film, Phelps interviewed elite, high-profile athletes talking about their mental health struggles,” said Heil. “He was leading the charge.”

Increasing interest

“There’s been a rising tide of changes to increase interest and concerns about athletes’ health and well-being,” said Heil. The more these issues see the light of day, the better understanding there will be by others and, as a result, stigma will be lessened, he noted.

“It seems more important for Simone to discuss mental health than it is for a psychologist to talk about mental health,” he said. Heil, who works in the field of sports psychology, said none of this openness about mental health is surprising.

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Forging a new mental health culture



by John McGeehan, LCSW, CASAC

The COVID-19 pandemic has created a devastating mental health crisis unlike anything we have ever seen. The demand for care is tremendous, and with that has come its own challenge: Hiring for top talent in our industry has never been more competitive.

While this is no doubt difficult, I would also argue that these circumstances offer us an opportunity to examine the culture of our mental health organizations. They invite us to ask ourselves whether we are doing all we can to attract and retain the qualified people that make our primary mission possible: serving our clients.

Have we been able to pivot so that our organizations reflect and support the issues that matter? Do our values reflect the values of our providers? Are we truly structured to put our people first?

As we look ahead and hope to start answering these questions, here are some areas I encourage us all to consider.

Examining core values: Diversity and inclusion

The last year and half has been a time for us all to reexamine how we work, how we run our organizations and what values we uphold as individuals and as leaders.

As an industry, our mental health field has a long way to go toward becoming anti-racist by providing just and equitable care. Data shows that as a field we are failing on many fronts, in terms of both providing care and representation. Among adults with a diagnosis-based need for mental health or substance abuse care, the research indicates that 37.6% of whites but only 25.0% of African Americans receive the treatment they need. According to the American Psychological Association, in 2015 around 86% of psychologists in the United States were white — while 5% were Hispanic, 5% were Asian and 4% were Black, and less than 2% of American Psychological Association members are Black/African American.

As leaders in this industry, we have a chance to evaluate what core values we uphold and have important conversations with ourselves and our teams about what we are really doing when it comes to diversity and inclusion. How are we structured? How accessible are we? What do our scholarships or other programs look like, and who do they benefit? What are we really doing to reflect the communities we care for,

attract individuals from a range of backgrounds and experiences, and foster a culture that feels safe and affirming for all?

Fostering talent density

Investing in our people is a continuous process and arguably one of the most important responsibilities we have. From my perspective, properly compensating your team, investing in world-class training and creating opportunities for vertical growth and development is what helps you foster talent density in your organization. Because what are we without our people?

In doing this, consider the very practices, skills and advice we continuously teach and train our clients to do — that is, valuing self-care and personal growth as well as making time for rest and the parts of our life that refill our cups. Observe how these might be reflected in your organizational policies like time off, family leave and whether or not you have an after-hours on-call support plan in place that protects your clinicians' time and ability to recharge without compromising on delivery of care.

When we invest in team members, they can start to envision themselves growing with us and being part of a shared vision. It encourages longevity, which benefits clients and continuity of care. Ultimately, these team members become the future leaders of the organization who illuminate a path forward and help challenge us all to stay relevant and focused on what matters most.

Listening and promoting a two-way dialogue

Part of investing in our teams involves creating a culture where leadership is willing to truly listen and engage in a two-way dialogue founded on trust and respect. No organization at the top has all the answers. The leadership teams that listen, ask for feedback and are willing to look inward and continually grow and evolve stand to gain the most. Ultimately, they will help create a mental health culture that learns from the past so it can be better in the future.

John McGeehan, LCSW, CASAC, is the CEO and founder of The Dorm, a New York City-based young adult mental health treatment community committed to helping young people build a life of sustained independence and personal growth.

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In gymnastics, there's always a risk in the sport and the athletes can suffer greater, more catastrophic injuries. Speed and elevation drive their sport, he said. "When you're high in the air, it's harder to control your body," said Heil. "You can land on your head or your neck."

The gymnastics field has also been plagued by a sexual assault scandal involving sports doctor Larry Nassar, Heil noted. "It's been cleaned up a lot, but these gymnasts have been [in the field] for years and years," he said. The stressors in sports are great, along with more pressure and expectation to perform, Heil noted. "Gymnasts have their own unique set of problems which complicate this issue," he said.

Stigma reducing

"As long as there's been mental health, there's been stigma; I think it's getting better," Mark Aoyagi, Ph.D., CMPC, the co-director of sport and performance psychology at the University of Denver, told

MHW. "It seems akin to racism — there's been some progress, but it still exists."

Aoyagi, also a professor in the Graduate School of Professional Psychology at the university, said people are starting to understand social repercussions involving mental health stigma.

'There's been a rising tide of changes to increase interest and concerns about athletes' health and well-being.'

John Heil, D.A.

Athletes have always had some influence on society, noted Aoyagi. He indicated baseball legend Jackie Robinson, who famously broke the

color barrier through sports. During World War II, when men went to fight overseas, it was women who took on various "male roles" and worked in factories. "Sports was part of that as well," said Aoyagi. When the men returned and reclaimed their jobs, women continued to play sports, he said.

Aoyagi added, "Sports has played a role in women's liberation and in LGBT issues and programs." Athletes no doubt feel the pressure, said Aoyagi. "Imagine going to work and having 100,000 people critique what you do," he said.

Aoyagi noted that Biles communicated her challenges through Twitter. Other athletes have used social media and other platforms as well. Previously, sports figures communicated indirectly through their sponsors, like Nike, for example. "When you talk about individuals experiencing mental health issues, it becomes important for them to craft and convey it in their own way," he said. "That's an important driver — the ability to control the message." •

SCREENING from page 1

Jessica Williams, LCSW, emergency department social worker at Nemours, noted that limitations to the research involved the data being gathered collectively from one ER at one pediatric hospital. "The behavioral health screening was only available to the English-speaking [patients] at this point in time," she told session attendees. The research was funded courtesy of a grant from the Substance Abuse and Mental Health Services Administration.

Future considerations for the screening protocol would include younger children, ideally at least 9 years old, said Williams. Additionally, Spanish speaking children will be screened, and the protocol would

be suitable for kids with a lower reading comprehension level, she noted.

Method

The study gathered data from January 2019 through April 2021 from a total of 8,708 patients. The population screened included youth 12 and older with a reading comprehension at or just slightly below average for their age. They were also screened regardless of medical condition, not just for behavioral health conditions.

Exclusion criteria included critically ill patients and patients unable to answer questions due to cognitive or developmental delays.

Categories of the behavioral health screening tool questions included depression, suicide, risk-taking behaviors, substance abuse, bullying and safety, and human trafficking. Questions related to trauma were

fairly generic and not intended to traumatize anyone taking the screening, said Jennifer Cooper, RN, value stream coordinator for emergency services at Nemours.

"The population screened were provided with the screening tool upon entering the ED," she said. The questions were completed by the youth on an iPad during ER care. Patients were also asked about current suicidal ideation thoughts, interests and gestures, or a plan related to taking one's own life, as well as experiences within the last week.

The behavioral health screening tools used "skip logic," said Cooper. If the question asked, for example, "Have you ever experienced a period of loneliness?" and the person responded "No," it would then skip to the next question, she said.

Findings

The screening revealed that

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more than one-fifth (21.5%) of teenage patients in the ED reported symptoms of severe depression, and 7.8% reported suicidal thoughts in the pandemic's first 12 months. The number of patients over age 12 seen in the ED who reported suicidal thoughts and then required direct observation rose from 0.36% in the 12 months preceding the pandemic to 1.69% in the first 12 months of the pandemic. About 6% (534 patients) experienced suicidal ideation.

Williams noted that when the screening protocol began in 2019, it presented a "huge change to our practice and workflow." The hospital's ED had been off to a slow start that year and screened a total of 3,117 patients. Moving forward in 2020, the hospital expected to screen more but had no idea it was about to embark on a pandemic, said Williams.

The numbers screened during the pandemic were significantly higher than pre-pandemic, Williams said, which again is important, given that the ED had seen 20,000 fewer patients in 2020. "We have to ask the question: Are we just screening more patients or are these numbers reflective of the national crisis we're seeing for behavioral health patients as a result of the stress and what they're experiencing?" she noted.

Implications

Hospital leadership noted that the American Academy of Pediatrics and the Committee on Pediatric Emergency Medicine support using specialized instruments to identify child and adolescent mental health issues during ED visits. They noted, however, that a 2017 analysis found that these are not yet standard com-

"Unfortunately, kids know about suicide and self-harm. We're not giving them the idea by asking."

Looking at the need for advocacy, Williams noted that screening is relatively simple. "We want to develop a plan to engage in advocacy for mental health screening," she said. "We have a robust program for how we screen and a tremendous amount of support from our organization and leadership," she said, adding that screening programs do not necessarily need to be so robust. "Talking about mental health is the easiest and most needed form of advocacy." •

BRIEFLY NOTED

ADA turns 31; Bazelon Center urges legislative support from Congress

The Americans with Disabilities Act (ADA) turned 31 July 26. It has made a tremendous impact on the lives of people with disabilities and has made it possible for thousands to live in their own homes and communities, the Bazelon Center for Mental Health Law recently noted. But segregation remains far too common in our disability service systems, the Bazelon Center said in a statement. "Congress has the opportunity to pass new legislation that would make an unprecedented new investment in home and community-based services for people with disabilities," legal advocates stated. "The Better Care Better Jobs Act, introduced in both the U.S. Senate and the House of Representatives, would create a permanent 10% increase in the federal government's reimbursement to states for Medicaid home and community-based services. The bill reflects President Biden's commitment in his American Jobs Plan to direct \$400 billion to new home and community-based services. Community mental health systems suffered devastating effects from the COVID-19 pandemic. Now is the time to invest in community

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'Talking about mental health is the easiest and most needed form of advocacy.'

Jessica Williams, LCSW

In 2020, the numbers still "bumped up," she said, by increasing to 3,409 screens. What should be taken into consideration, however, is that the hospital saw 20,000 fewer patients overall in 2020 from its typical ED volume, which was due to the pandemic, she said.

From Jan. 1 to April 30, the ED screened 2,182 patients, Williams said. "We're on target to screen 6,500 patients in 2021," she said. Now that the hospital is starting to see pre-COVID numbers in its ED, those screening numbers are expected to go even higher, she stated.

As of December 2020, Nemours reached a 62.3% mental health screening rate among all eligible patients, regardless of their reason for coming to the ED, officials stated. Before the current program, ED staff had screened, on average, just 1.77% of eligible patients.

ponents of clinical assessments in EDs. Officials stated that EDs provide nearly half of all hospital-associated medical care in the United States, so they can complement primary care as a very effective setting for youth mental health screening.

Cooper noted that a lot of teens had not been open about mental health because their parents have never asked them about it. "Simply asking is what works in this situation," she said. Cooper said they wondered if the kids and teens would be honest or skip around or even say something like "Why are you doing this? I'm just [coming] in with a sprained ankle."

"Study after study shows that talking about suicide with youth does not give them the idea that they would want to kill themselves," said Cooper. "It's important that we cite the research on that," she said.

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mental health services and other community-based services for people with disabilities.”

STATE NEWS

Federal funding could provide immediate relief to Virginia’s state hospitals

With Virginia’s state-run mental hospitals in the midst of a self-described crisis, Gov. Ralph Northam is proposing a \$485 million investment in behavioral health services, the Virginia Mercury reported July 29. The proposed allotment was announced last month ahead of this week’s special General Assembly session, where lawmakers will decide how to distribute \$4.3 billion in federal relief funding. Mental health funding has been a closely watched initiative since the state halted new admissions to more than half of its publicly funded psychiatric facilities amid major, and widespread, staffing shortages (see *MHW*, July 19). Just over half of the proposal — \$247 million in total — would use flexible funding from the American Rescue Plan, largely to address urgent staffing needs within the facilities, according to Secretary of Finance Joe Flores. Another \$128

Coming up...

The **American Psychological Association** is holding its 2021 virtual convention **Aug. 12–14**. Visit <https://convention.apa.org> for more information.

The **Arc** is hosting its in-person national convention **Sept. 26–29** in **New Orleans**. For more information, visit <https://convention.thearc.org>.

The **New Jersey Association of Addiction and Mental Health and Addiction Agencies Inc.** is holding its 2021 virtual fall conference, “No Going Back: Moving Forward in a New Paradigm,” **Oct. 13**. Visit <https://www.njamhaa.org> for more information.

The **National Dialogues on Behavioral Health** will be holding its 62nd annual conference, “Behavioral Health in the 21st Century: Fast Forward After the Pandemic,” for six consecutive weeks between **Sept. 20 and Nov. 4**. For more information about this virtual conference, visit <https://www.nationaldialoguesbh.org>.

million comes from nonflexible aid specifically earmarked in the last two congressional relief packages for community-based mental health and substance abuse services. The majority of those earmarked funds will go directly to community services boards — local agencies that provide safety net services to Virginians with mental health and substance use disorders as well as those with developmental disabilities. But the governor is also proposing another \$30 million in rescue plan funding for local crisis services, including mobile units to respond to patients experiencing a mental health emergency.

MH tops list in North Carolina’s action plan for school safety

While additional security cameras and enhanced doors are vital to keeping students safe while on campus, state leaders stress mental health guidance should now be at the top of the list to make students safer while they attend school, Fox 8 News reported. On Aug. 2, state leaders and law enforcement held a School Safety Summit on the campus of the University of North Carolina Greensboro to detail what a school safety committee found after it studied North Carolina K–12 schools over three years. The committee was formed in the wake of the 2018 shooting in Parkland, Florida, where 17 students were killed and another 17 were injured. A study of 3,000 students found that nearly 19% had contemplated suicide, while nearly 10% admitted to having tried to take their own lives. Those numbers, while concerning, were also taken before the pandemic. Experts fear the numbers will become worse as COVID-19 cases increase among younger individuals. The Action Plan for School Safety 2021–2026 suggests that districts hire more trained nurses and counselors who can identify when a student is struggling with mental health. The plan also suggests that teachers and school resource officers be trained to identify signs of mental health struggles as well.

In case you haven’t heard...

Netflix’s newest documentary *Pray Away* (now streaming) offers viewers a deep dive into the conversion therapy movement, featuring interviews from former leaders as well as a survivor — plus a peek at what it looks like today, *USA Today* reported Aug. 4. For the uninitiated: Conversion therapy, or reparative therapy, is when a religious leader, licensed counselor or peer support group tries to change someone’s sexual orientation or gender identity. All major medical and mental health organizations vilify the practice and consider it harmful. The documentary explores the popularization of conversion therapy, with a focus on Exodus International, a group begun by five men struggling with their sexuality in the 1970s. They started a Bible study to try to become straight, and ultimately formed what became the biggest conversion therapy organization worldwide and spawned the movement; it only was disbanded in 2013 after a group of survivors spoke out and shook the conscience of Exodus leadership. The film shows a symbiotic financial relationship formed between select psychologists and the conversion therapy movement behind the scenes: Exodus required credibility, and psychologists required patients.