

# MENTAL HEALTH WEEKLY

Essential information for decision-makers

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### Editor's note:

*Mental Health Weekly* will not publish a September 2 issue. Your next issue will be September 9. We wish our readers a happy holiday.



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## Georgia's 25-year certified peer specialist movement celebrated in new film

Observing Georgia's leadership in pioneering the certified peer specialist movement and its role in paving the way for Medicaid reimbursement for peer support services, the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) has released a new documentary that highlights the journeys of peer specialists in the state and their impact on recovery and support.

The new film, "From Stigma to Strength: Georgia is the Birthplace of

the Certified Peer Specialist Movement," premiered Aug. 8 at the Carter Center in Atlanta. It also aired in a number of markets and is currently available on YouTube at <https://www.youtube.com/watch?v=aI7eY6YwTA>.

In 1999, Georgia became the first state to both request and receive Medicaid reimbursement for peer support as a statewide mental health rehabilitation option. Since then, peer support as a formalized behavioral health intervention has expanded to 48 states and territories in this country.

"We made lemonade out of lemons," to ensure peer services in Georgia received Medicaid coverage, Wendy White Tiegreen, M.S.W., director of the Office of Medicaid

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### Bottom Line...

*The new documentary highlights the journey of certified peer specialists and the important role they play in the behavioral health system.*

## Study suggests more severely ill are less likely to leave treatment

A study analyzing data from thousands of patients in a multistate behavioral health treatment organization has reported that some of the most at-risk patients in mental health care are also the most likely to stay in treatment.

Published online last month in the journal *Psychiatry Research Communications*, the study found that Discovery Behavioral Health patients with greater depression severity and lower self-reported recovery at the time of treatment admission were more likely not to drop out of treatment. This finding runs counter to some previous research that suggested patients with more severe depression are at higher risk of dropout.

### Bottom Line...

*Data from Discovery Behavioral Health showed that patients with greater baseline severity of depression and less self-reported recovery were more likely to remain in their treatment program.*

A study co-author told *MHW* that these findings have convinced Discovery Behavioral Health officials to prioritize use of the study's depression and recovery measures to guide its programming. Discovery, which operates more than 150 treatment facilities in 16 states, worked on this study under a research support agreement with Brigham and Women's Hospital in Boston.

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with a range of 54–70 years old; 55.4% women). During the follow-up, 2,714 incident cases of suicide attempts among exposed individuals (62.6 per 100,000 person-years) and 9,994 attempts among unexposed individuals (50.5 per 100,000 person-years) were identified, as well as 711 cases of suicide death among the exposed individuals (16.3 per 100,000 person-years) and 2,270 among the unexposed individuals (11.4 per 100,000 person-years).

An increased risk of suicide

attempt and suicide death was observed among spouses of patients with cancer throughout the follow-up. The increased risk was particularly notable during the first year after the cancer diagnosis for both suicide attempt and suicide death. There was a greater risk increase for both suicide attempt and suicide death when the cancer was diagnosed at an advanced stage or when the spouse died after the cancer diagnosis.

The risk of suicide attempt and suicide death also varied by the type

and stage of cancer. Additionally, male spouses, younger spouses, those with lower incomes and lower educational levels, and those with a history of psychiatric disorders had significantly higher risks of suicide, the *American Journal of Managed Care* reported on Aug. 21.

Researchers stated that these findings suggest a need for clinical and societal awareness to prevent suicidal behaviors among spouses of patients with cancer, particularly during the first year following the cancer diagnosis. •

## Dropout from page 1

“We are confident in our programs’ efficacy, but so many other things get in the way,” said Matthew Ruble, M.D., Discovery’s chief medical officer. “The dropout piece is very powerful.”

Discovery operates programs to treat mental health, substance use and eating disorders, and a compelling finding from this study that bears further analysis is that the associations found in Discovery’s mental health treatment programs were not observed on the substance use treatment side.

## Details of study

The study sample consisted of nearly 15,000 Discovery patients who at treatment admission in 2021 and 2022 had been assessed for depression severity using the Patient Health Questionnaire (PHQ-9) and for baseline recovery using the Recovery Assessment Scale (RAS). This sample covered all of the organization’s service lines: mental health, substance use and eating disorders, as well as both residential and intermediate (intensive outpatient, partial hospitalization) levels of care.

Sixty-six percent of the sample’s patients were women and nearly 70% were white. Around 57.5% were in adult treatment programs and the rest in adolescent treatment. The total sample averaged three mental health diagnoses per individual at

admission, indicating a high level of complexity of illness, Ruble said.

The study’s primary outcome was treatment dropout for any reason. The researchers separately analyzed dropouts for patient-related causes (leaving the program against treatment advice) and administrative causes (either administrative discharge, insurance denial or COVID-19 pandemic-related factors). The study’s results were adjusted for a number of demographic and treatment-related factors.

**“We are confident in our programs’ efficacy, but so many other things get in the way.”**

Matthew Ruble, M.D.

The researchers reported an inverse relationship between depression severity and risk of treatment dropout. For every unit increase in PHQ-9 score, indicating greater depression severity, there was a 0.9 to 1.7% reduction in dropout. The associations were significant in the mental health treatment, adolescent and intermediate level of care subgroups for all dropout types.

Also, higher scores for suicidal

ideation and a lower willingness to ask for help were both associated with decreased dropout, the researchers reported.

The researchers also found that every unit increase in baseline RAS (a greater recovery level) increased the risk of treatment dropout by 0.5 to 0.6%. This association was present in the mental health, adolescent, intermediate level of care and residential subgroups for all dropout types.

“These results imply that patients in greatest need of treatment are more likely to stay in treatment than patients with less severe depression or greater RAS recovery scores,” the study’s authors wrote.

Ruble hesitated to draw broad conclusions from these findings, suggesting that more research is necessary. Discovery’s patient population is considerably younger and more privately insured than the groups typically found in most similar research studies, he said. “This is really a first look with a population of this type,” he said.

The authors did suggest that treatment programs should pay close attention to patients who exhibit lower overall severity of illness at admission. They wrote that “interventions should be tailored to ensure that patients with lower severity and greater recovery receive adequate support and encouragement to stay in treatment. This might include showing patients changes in

their PHQ-9 and RAS scores throughout their care to demonstrate their improvement over time.”

## Taking action

The study’s authors reported that Discovery has updated its patient dashboard to monitor more closely the groups found in the study to be at higher risk of dropout. In addition, they wrote that Discovery “is changing the way they define discharge categories by adding additional subcategories for patient-related and administrative treatment dropout. This will allow for future research that can provide deeper clarity and actionable insight for both voluntary and involuntary discharge types.”

Ruble said Discovery plans to dig deeper into the causes of treatment dropout in its patient population. “We want to look more closely at the impact of health-related social needs,” he said. “We will probably find inequities.”

“These findings lay the foundation for our future work on predictive models and a comprehensive clinical decision support system that will allow us to provide personalized and dynamic treatment regimens to our patients,” Rachel Wood, Ph.D., vice president of Discovery’s Learning Health Systems, said this month in a news release announcing the study results.

The study’s authors cited the large sample size and the detailed information on patients’ clinical characteristics as some of the study’s strengths. Limitations included the study’s reliance on patient self-report measures. The researchers also pointed out that the findings might not generalize to organizations outside of Discovery.

The study, “Association between depression severity, mental health recovery and dropout from behavioral health care treatment,” did not receive grant funding. Science Direct’s *Psychiatry Research Communications* is a companion journal to the publication *Psychiatry Research*. •

## BRIEFLY NOTED

### Americans rank mental health a top priority in maintaining well-being of families, country

Leveraging its five-decade history of addressing the most pressing needs of children and families, Sesame Workshop — the global impact nonprofit behind TV’s *Sesame Street* — partnered with The Harris Poll to shed light on the mental health crisis, launching a first-of-its-kind index on the state of well-being in America, an Aug. 13 news release from Sesame Workshop stated. The inaugural study found that Americans view the importance of mental health and education as on par with economic stability. When asked what we should prioritize for the future well-being of our country, Americans indicated that economic stability isn’t enough, and is not alone as a top priority, but must be accompanied by investment in mental health and education. Parents are particularly affected: 1 in 3 said that their own, or their family’s well-being, is negatively impacted by mental health issues, and 61% said that their family is still experiencing negative effects from the COVID-19 pandemic. Americans said getting honest about mental health and asking for help are critical steps to improving the state of well-being today. Sixty-seven percent of all Americans, with those numbers going up to 79% of parents, agreed, saying, “I wish my parents had been more honest with me about their mental health struggles,” suggesting that today’s parents are looking to break the silence around mental health with their own children. The study also found stark generational differences around attitudes towards mental health: 82% of Gen Z and millennials agreed, saying, “I wish I had been taught more about how to understand and manage my emotions as a child,” compared with 65% of respondents from older generations. That number jumps even

higher, to 84% of parents, signaling a major generational shift around the appreciation of speaking openly and honestly about emotional well-being from a young age.

## STATE NEWS

### State district court in New Mexico county launches new pilot program for MH treatment

Judicial officials across New Mexico are hoping that four small pilot diversion programs can provide a useful model for ensuring people with mental illness are enrolled in treatment through county courts, the *Santa Fe New Mexican*, reported on Aug. 16. Fourth Judicial District Judge Michael Aragon said in an interview that the pilot program aims to cut recidivism and direct people to behavioral health treatment. Instead of merely dismissing misdemeanor cases for people who are not deemed competent to stand trial — a practice that can lead to a cycle of “catch and release,” but no treatment of a person’s mental illness — the new model will send some people into a diversion program in which a full-time “forensic peer navigator” is assigned to help connect them with treatment providers for three to six months before the case is dismissed, according to a fact sheet from the state’s Administrative Office of the Courts. The launch of the pilot program in San Miguel County comes weeks after Gov. Michelle Lujan Grisham convened a special legislative session on public safety, initially aimed in part at better addressing the mental health competency of people accused in criminal cases, as well as making it easier to mandate treatment for some people outside of the court system with psychiatric conditions. Gov. Grisham withdrew her mental health competency measure before the start of the session, however, after lawmakers raised concerns about rushing big changes to a

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