

Volume 33 Number 47
December 11, 2023
Online ISSN 1556-7583

IN THIS ISSUE...

Many psychologists are grappling with a host of workforce challenges, including long wait lists, patients presenting with an increase in severity of symptoms, and are reporting working at the limits of their capacity. These findings are revealed in the APA's 2023 Practitioner Pulse Survey, released last week. This is the third survey about psychologists' practices since the pandemic.

... See top story, this page

Colorado merger recognizes community, service access needs
... See page 3

BH apps seen as way to support workforce, good outcomes
... See page 5

RAND examines AI suicide risk monitoring tool in K-12 schools
... See page 7

Virginia data reveals severe shortage of child, adolescent psychiatrists
... See page 8



FIND US ON
facebook
mhnewsletter

© 2023 Wiley Periodicals LLC

APA poll: Demand for care, worker burnout, putting strain on psychologists

Patients presenting with worsening symptoms, increased length of treatment course and longer wait lists are some of the challenges many psychologists are facing, according to a new survey conducted by the American Psychological Association (APA). Additionally, more than one-third of psychologists report that they are burned out, despite engaging in self-care.

The APA 2023 Practitioner Pulse

Bottom Line...

The mental health crisis has only heightened the challenges many psychologists are faced with more than half of respondents agreeing that they were seeing an increase in the severity of symptoms.

Survey, which explores the nature of psychologists' practices, is the third such survey released since the start of the COVID-19 pandemic. The survey findings revealed that psychologists are working at the limits of their capacity, and that some patients who need care are not able to access it quickly.

This year the APA survey was distributed via email between Aug. 30 and Sept. 29, to a random sample of 16,557 licensed psychologists in the U.S. A total of 561 responded to the survey.

The first survey released in 2020 during the pandemic offered APA an opportunity to get a better sense of what psychologists are dealing with and what resources are needed, said

See **POLL** page 2

Program targets high schoolers in effort to grow mental health workforce

Groups of teenagers in Worcester, Massachusetts, are being immersed in a program that exposes them to what a career in mental health practice would look like. Leaders of the initiative said that heightened awareness about mental illness will benefit participating youths even if they decide not to forge a career path in mental health services.

The UMass Chan Medical School

Bottom Line...

The Dynamic Futures program is exposing young people to possible careers in the mental health field, or simply a broader awareness about mental health that will serve them well in everyday life.

piloted the Dynamic Futures program with a cohort of 12 students in summer 2022. The program offers intensive education on mental health topics, pairs participants with a mentor as they proceed through the latter part of high school and includes an internship week during which youths visit a local community mental health organization.

Ché Anderson, the medical school's assistant vice chancellor for city and community relations, told *MHW* that the initiative grew out of local school leaders' observations that student mental health had become a top priority need in the post-COVID period. With a shortage of mental health practitioners available

See **Youth** page 6

Poll from page 1

Vaile Wright, Ph.D., senior director for the Office of Health Care Innovation at APA.

“Even though the pandemic was less of a concern, psychologists are not seeing change in demand for therapy services,” Wright told *MHW*. “They’re still struggling.” The extreme stressors are really exacerbating for psychologists, she noted. About one-half have reported experiencing burnout, but because of the way they were trained, they’re able to manage it, said Wright. “About 63% said they are practicing self-care and are maintaining a work-life balance,” she said, adding that the burnout psychologists reported experiencing was slightly reduced compared with last year.

Long wait lists

More than half (56%) of psychologists said that they had no openings for new patients. And more than two-thirds (69%) of psychologists who maintained a wait list said that the average wait was up to three months for a first appointment, while 31% said average wait times were longer than three months.

Many psychologists are also engaged in hybrid practices, i.e., seeing patients in-person and virtually, Wright noted. The survey indicated that while 88% of respondents reported either working in a hybrid in-person and remote practice or a

completely remote practice, psychologists are shifting back toward more in-person services.

More than half of psychologists (52%) said that they saw an increase in the severity of symptoms among their patients in the prior 12 months, but 41% said that they saw an increase in the number of sessions spent treating each patient, which may reduce their capacity to accept new patients.

Psychologists reported that patients are presenting with worsening symptoms year after year, indicating a continuing crisis.

Regarding changes in patients’ treatment in the last 12 months, more than 2 in 5 (42%) psychologists agreed or strongly agreed that they were seeing increases in treatment length compared with nearly 1 in 5 (18%) who disagreed or strongly disagreed.

Workload changes

Psychologists have reported yearly increases in their workload since 2020, though this trend showed a slight improvement in 2023.

Changes in workloads over the past 12 months revealed that more than half of respondents (56%) reported having no openings for new patients, and the same number (56%) also reported not maintaining a wait list. For those who did maintain a wait list, nearly 4 in 10 (38%) reported that the wait list had grown in the last 12 months, compared

with fewer than 2 in 10 (17%) who reported that it had shortened.

Psychologists also saw increasingly diverse patients with a range of racial and ethnic backgrounds, ages, sexual and gender identities, and health conditions or disabilities. Respondents also regularly participated in care teams with health professionals and behavioral health professionals.

Meanwhile, psychologists reported seeing increased rates of certain mental health disorders (see infograph on page 3). Compared with 12 months ago, among psychologists who treated these disorders, 68% reported an increase in patients with anxiety disorders, 50% reported an increase in patients with trauma- and stressor-related disorders, and 46% reported an increase in patients with sleep-wake disorders (defined by the American Psychiatric Association as problems with the quality, timing, and amount of sleep, which causes distress and impaired function).

Despite small improvements in 2023 compared with 2022, the overall rates of patients presenting with any of these disorders are still increasing annually in high numbers.

For comparison, fewer than 8% of psychologists reported seeing decreases in any of these disorders in their patients, suggesting worsening population health, the survey stated. Notably, year-over-year increases of patients presenting with

MENTAL HEALTH WEEKLY

Essential information for decision-makers

Publishing Editor Valerie A. Canady

Contributing Editor Gary Enos

Copy Editor Donna Petrozzello

Production Editor Douglas Devaux

Publishing Director Lisa Dionne Lento

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, USPPA, 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](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.

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/Editorial Offices: John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030-5774; contact Valerie A. Canady, email: vcanady@wiley.com.

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

WILEY

substance-related and addictive disorders and neurocognitive disorders grew in 2023, while increases in all other disorders shrank.

Integrated care

Psychologists are involved in treating mental and physical health conditions, potentially as members of care teams the survey noted. Alongside mental health concerns, psychologists reported treating patients with chronic pain (50%), obesity or weight conditions (42%), some symptoms of cancer (27%), and high blood pressure (25%).

Similarly, psychologists reported seeing more patients with disabilities; 47% of psychologists reported seeing increases in patients living with long COVID, 29% saw increases in patients living with chronic illness, and 27% saw increases in patients living with chronic pain.

Wright indicated that psychologists are increasing their services in integrated care. “Psychologists are working in primary care, specialty care and with cancer patients,” she said. “We will see continued movement in this direction.” APA is training psychologists in a holistic way about how physical health is related to mental health, Wright indicated.

Wright noted that important questions include how will the APA support its existing workforce, pave the way for future workers and continue to grow. “No matter how many



psychologists we train there will never be [a workforce] large enough to meet the mental health demands of this country,” she said.

What are solutions? There needs to be more of a focus on prevention, said Wright. “How can we reach people before they actually need a psychologist or [offer] other types of support?” she noted. Peer support within the community can be a way to meet people where they are at, she suggested.

“The bottom line is we need to

think more creatively and innovatively about how we treat mental illness,” said Wright.

Wright added, “We cannot address the mental health crisis in this country by maintain the status quo of relying on weekly 45-minute face-to-face psychotherapy session for everyone who needs treatment,” “We must address and look at other ways to address this problem.” •

Visit www.wiley.com

Colorado merger recognizes community, service access needs

Aiming to meet the needs of communities facing challenges related to poor mental health, service access and increasing suicide rates among young people — and with an opioid and fentanyl epidemic — two Colorado-based organizations have announced a partnership that will create the largest, most innovative behavioral health provider in the state, leaders announced.

Leaders of Jefferson Center in Wheat Bridge and the Denver-based

Bottom Line...

The newly merged organization intends to have joint staff involved in executing the shared vision. Leaders announced plans to retain all staff and programs.

WellPower — each organization locally and nationally recognized community mental health centers — said the demand for behavioral health services is greater than ever

before. The new non-profit organization will officially launch on July 1, 2024, and will serve the communities of Clear Creek, Denver, Gilpin and Jefferson County.

“We want to be able to meet the needs of our community and meet those needs more effectively,” Carl Clark, M.D., president and CEO of WellPower, told *MHW*. “As community mental health centers, both Jefferson Center and WellPower

Continues on next page

Continued from previous page

have decades-long histories of providing comprehensive care at varying levels of acuity for people in the communities they serve, from mental health treatment to housing to social determinants of health.”

Clark added, “This merger will strengthen the combined organization’s ability to continue offering this wide range of supports while responding more effectively to particular areas of need, such as substance use treatment and housing services.”

Retaining the brand

The merged organization will retain the WellPower name. Nearly a year and a half ago, the former Mental Health Center of Denver incorporated wellness into its brand by changing the organization’s name to

Both organizations have long histories of servicing their communities deeply and intentionally, each expert in providing solutions that make a difference in the lives of the people they serve.”

The two organizations will serve a combined total of 50,000 individuals in the various counties. “We’re excited about expanding our capacity,” noted Kuenzler. “Joining the two organizations builds on the strengths and shared values of each — including a deep commitment to diversity, equity, inclusiveness and belonging — helps fill gaps in specialized care, expands [our] workforce and programming and creates opportunities with technology and other innovations. This merger will identify the best of both organizations and bring them forward into the merged entity.”

continued focus will be on social determinants and helping people go back to school and live in safe, affordable housing.

Clark noted that both organizations have similar support staff, and both have a lot to offer. Both staff have IT teams. Support, however, is limited by the bandwidth. “With the two organizations [merging] we’ll double our bandwidth instantly,” he said.

Meanwhile, there are no planned layoffs. “The current environment demand is much greater than we can provide,” said Clark. The new organization’s focus on housing provides an example of where some more positions can be added, he noted.

In a news release, the leaders stated that they envision some staff may transition into new roles and they intend to create more career pathways and opportunities for growth.

“Both organizations have long histories of servicing their communities deeply and intentionally, each expert in providing solutions that make a difference in the lives of the people they serve.”

Kiara Kuenzler, PsyD, LP

Reducing gaps

Supported by technology and flexible treatment models, the merged organization will be able to utilize existing staff more efficiently and effectively to reduce gaps in care, Kuenzler said.

In a video message from Clark and Kuenzler to announce the merger, Clark explained that, for business reasons, the organizations are going to fold the assets of WellPoint into the legal entity of Jefferson Center. “We designed our services to make coming together with services easier to do,” said Clark.

Under the merger, Kuenzler will serve as the president and Clark will be the CEO until his retirement. At that time, Kuenzler will assume the expanded role of president and CEO. •

WellPower (see “Denver center name change reflects MH, well-being connection,” *MHW*, May 30, 2022; <https://doi.org/10.1002/mhw.33239>).

“We’re excited about maintaining the WellPower brand,” Kiara Kuenzler, Psy.D., LP, president and CEO of Jefferson Center, told *MHW*, adding that retention will go well with the Jefferson Center’s corporate structure.

The merger, added Kuenzler, is unlike a typical acquisition. “This is truly a merger of equals, not an acquisition of one organization by the other. Jefferson Center and WellPower are both financially strong organizations, with adequate reserves, operating revenue and assets to strengthen a combined organization.

Comprehensive care

The primary focus of this merger is ensuring that more people in Colorado can access the high quality, comprehensive care they need without barriers, Kuenzler explained. “The demand for behavioral health services is greater than ever, and the behavioral health system in Colorado is undergoing significant change,” she said. “This merger will allow the combined organization to bring specialized care and unique programming to more people in Denver, Jefferson, Clear Creek and Gilpin counties.”

The new organization will focus on ensuring that patients exercise, eat healthfully, and get enough sleep, noted Clark. Additionally, the

Reproduction of
Mental Health Weekly in any form
without the consent of the publisher
is strictly forbidden. Contact
Customer Service at 800-835-6770
or cs-journals@wiley.com.

BH apps seen as way to support workforce, good outcomes

Behavioral health apps are emerging as an essential way of supporting mental health and well-being in patients, along with increasing care access and improving outcomes, according to presenters during a webinar hosted last month by The College for Behavioral Health Leadership. The use of such apps is increasing in importance, especially given the current workforce crisis, they agreed.

During the Nov. 28 webinar, “Revolutionizing Behavioral Health: The Role of Behavioral Health Apps in Addressing the Workforce Crisis,” the moderator, Garrett E. Moran, Ph.D., principal investigator for the Academy for Integrating Behavioral Health and Primary Care, a program sponsored by the Agency for Healthcare Research and Quality (AHRQ), noted that behavioral health apps can support diagnosis, patient monitoring and self-management.

In addition to targeting several behavioral health conditions, the apps connect users to behavioral health professionals and peer support. Additionally, behavioral health apps can deliver behavioral health interventions; and operate with the support of a health care professional (guided) or used without human support (unguided).

“Is it better to have a machine or a person?” Morgan asked webinar attendees. “It’s better to have both.”

The waiting time for seeing a cognitive behavioral therapist can be one month, maybe six months, Morgan noted. “With apps, [therapists] can be available as needed and fit into clinical care,” he said. “Apps do a good job in some cases in delivering evidence-based behavioral health psychotherapies.”

Moran acknowledged that this is still a young field. He noted that when evaluating behavioral health apps, be mindful that most of the apps available for patient and clinician use have not been systematically evaluated in clinical trials.

First steps in using BH apps

During the webinar, attendees were advised that when beginning to use behavioral health apps they should:

- Assess practice, staff, and patient readiness;
- Identify champions to build awareness and garner patient and provider support;
- Allocate and secure sufficient funds for app integration;
- Determine how apps fit into clinical workflows;
- Determine if/how to hire or expand staff roles to support integration of apps;
- Set up onboarding processes to provide education and training for staff and patients;
- Create practice guidelines for app integration; and
- Establish plans for monitoring and addressing safety and privacy.

There is no single organization, including the U.S. Food and Drug Administration, that can provide definitive guidance about the thousands of apps that are available, Garrett indicated. He pointed attendees to the AHRQ’s [issue brief](#) that provides an overview of the field and the potential of apps and other digital technologies to improve access to behavioral health in primary care.

Addressing youth

Harris A. Eyre, M.D., Ph.D, a fellow at Rice University’s Baker Institute for Public Policy, presented on a U.K.-based company called Kooth, a company specializing in digital mental health care for youth with mental health needs. Kooth provides a “digital front door,” for youth ages 13–25 in schools and universities, he said. The company has 20 years of experience in this field and is bringing its services to the U.S.

Eyre serves as the medical advisor to Kooth U.S. The organization has already rolled out in Pennsylvania and California and is interested in exploring other areas, Eyre said. The three ingredients of the Kooth platform include peer support, professional support and self-therapy that is “tailored to youth based on two decades of experience making it culturally relevant to youth,” said Eyre.

Connections

Hans Morefield, CEO of CHES Health, noted that his digital health company has an evidence-based app called Connections. The app, he noted, is backed by peers, indicating that it offers both digital and human support.

CHES Health serves substance use disorder and mental health providers, health plans, state/local governments and community organizations. “The vast majority of individuals who use our apps are on Medicaid or are uninsured,” Morefield told attendees. The company’s smartphone app is part of its eRecovery solution, supporting individuals in both early and ongoing recovery efforts.

The eRecovery app, explained Morefield, supports individuals outside of treatment, meaning the time between their treatment visits. It aims to help individuals in treatment and recovery by reducing risk moments that they might face, reducing isolation and building up positivity, he said. The app is helping providers stay engaged and automating contingency management, he added.

Other presenters included David R. Gastfriend, M.D., DFASAM, an addiction psychiatrist at Harvard Medical School and co-founder of Dynamicare Health, a nationally scalable technology for contingency management and predictive analytics. •

Youth from page 1

to meet student needs, and not enough young people choosing to major in relevant fields, “Our office thought there was a real opportunity to develop a program,” Anderson said. “We could help to develop a pipeline.”

A combination of public and private funds is supporting the initiative, which expanded from a two-week educational session to four weeks in the second cohort and brought in 25 new participants in year two. Students stay in residence halls at Worcester State University during the summer sessions, an experience that Anderson said helps to demystify college life for these high schoolers. The target age range for participants is 16 to 18, with recent high school graduates among those who are eligible.

Lessons from first cohort

The initial effort in 2022 comprised two weeks of education on common behavioral health topics such as trauma, anxiety and substance use issues. Anderson said the participating students remained engaged throughout the session and expressed a desire for more hands-on opportunities. The program then expanded to four weeks for the second cohort and incorporated a simulation lab in which students can role play a counseling session between a patient and a clinician.

In the fourth week of the program, students are placed in local human services organizations, such as Seven Hills Foundation and Open Sky Community Services, both in Worcester. Anderson said the youths who participated in the first year were invited back for the internship opportunity.

Following this experience at a service provider organization, “It’s fascinating to talk to some of these young people,” Anderson said. “They see new opportunities. They are now seeing college in a different light.” Some are going on to pursue a major in psychology or a related discipline at college.

He said in an article posted on the medical school website, “There are students who have interests in reentry and addiction and finding opportunities to make sure people are getting the assistance they need. There are students who are interested in assisting the homeless population and addressing food insecurity, and exploring how we meet those basic needs for people.”

In the program’s first year, school personnel recommended students for inclusion. Program leaders launched an application process for the second year, capping applications at 75 for the 25 available slots. The second cohort included students from eight schools, with its diversity reflected in the four languages spoken among the group.

“Our office thought there was a real opportunity to develop a program. We could help to develop a pipeline.”

Ché Anderson

Seven individuals, including two program managers and five resident advisers, were hired for the campus portion of the program. The program managers are licensed clinical social workers who work in the local school system, Anderson said.

Program leaders seek to remove any potential barriers to student participation, providing them at the outset with a backpack containing all of the materials they will need during the program. “They just have to show up and learn,” Anderson said.

Besides the medical school, the Worcester public school system and the two human services organizations, other partners in the initiative include the state of Massachusetts,

the United Way of Central Massachusetts, the Worcester Community Action Council, the employment and training organization, MassHire, and several local colleges.

Knowledge for life

Anderson said he believes that even for participating young people who decide to pursue a different career path, the lessons learned from this program will apply to whatever future workplace they occupy.

“I am confident we will have students who go into the [mental health] field,” Anderson said. “But some might go to school for engineering, and that’s fine, because they will be able in the future to have conversations about mental health that they otherwise could not have had.”

Some participants are beginning to believe in career-related dreams that others might have seen as silly, Anderson said. He recalled a conversation with a participant who is thinking about either becoming a psychologist or doing something in the fashion world, with the connection between the two being the pursuit of feeling good and looking good.

Each year’s program ends with a graduation ceremony. At one of the recent events, the director of wellness for the Boston Celtics basketball team was the keynote speaker. Observers at the event remarked on the impressive class of graduates, including students from a local alternative school, Anderson said. The experience altered many people’s pre-suppositions about young people’s potential, he said.

As program leaders look to the third cohort of participants who will enter next summer, Anderson said his program hopes to build a research component into the program. They also want to take steps to certify participants in mental health first aid while they are in the program, he said. There are also discussions of expanding the educational component to additional college campuses. •

RAND examines AI suicide risk monitoring tool in K-12 schools

Observing the ongoing and increasing youth mental health crisis among students, RAND Corporation researchers have released a new report about how artificial intelligence (AI)-based suicide risk monitoring tools are being used in K-12 schools to detect and prevent youth suicide risk and self-harm.

The new report, “Artificial Intelligence-Based Student Activity Monitoring for Suicide Risk: Considerations for K-12 Schools, Caregivers, Government, and Technology Developers,” published last week.

While the adoption of AI and other types of educational technology (EdTech) to partially address student mental health needs has been a natural step forward for

and the pros and cons of using these tools to identify students at risk of suicide,” Lynsay Ayer, Ph.D., a senior behavioral scientist at RAND and the report’s lead author, told *MHW*. Schools are issuing devices, such as Chromebooks that are owned by the districts for students to use within the schools, or at home to complete their homework, she said.

“There is not enough staff in schools right now; a lot of school districts are reaching for tools to address the growing risk for suicide in youth,” said Ayer, also a professor of policy analysis at Pardee RAND Graduate School.

Ayer and her fellow researchers interviewed school staff, EdTech company representatives, the mak-

youth mental health care. Schools are on the front line of addressing youth mental health and suicide concerns.

Schools are using the AI tools, for example, to determine what students are Googling, said Ayer. If something in their Google searches suggests that a student is at risk of self-harm, or if they access pornography, or do something else to suggest they may be prone to engage in violence towards others, an alert will be sent to the school, she said. “School districts will determine how they respond,” said Ayer.

The RAND report is not the first to examine AI-based monitoring of students in K-12 schools. As one example, Ayer referenced a research report by the American Civil Liberties Union, “Digital Dystopia: The Danger in Buying What the EdTech Surveillance Industry is Selling,” which provides an in-depth investigation into the EdTech industry’s products. The report offered actions that school districts, officials and community members can take to ensure that decisions about using surveillance products are consistent and well-informed.

“The big question is what could be done with all this information,” said Ayer. Students in K-12 are not in a position to provide consent, and parents aren’t always aware about what they’re signing on to, she said.

Throughout the interviews, researchers found that some students were being “outed,” said Ayer. Some online activity revealed students who were flagged as being at risk of self-harm. She noted that it is a big risk to send law enforcement to a student’s house. “The interaction can end up going violently,” she stated. “In our research, you don’t hear about violent interactions; it’s sort of a big, black box.”

Unanswered questions

“It’s unclear to what extent tools are helping kids,” said Ayer. There

Continues on next page

“These tools might actually be helping as much as we hope, but we need to know more about these tools, especially given the lack of transparency that there is right now.”

Lynsay Ayer, Ph.D.

many schools during the transition to remote education, there is limited understanding about how such programs work, how they are implemented by schools, and how they may benefit or harm students and their families, researchers stated.

“Our overarching goal was to try and understand how these tools are being implemented in schools

ers of the AI software, to monitor students’ suicide and self-harm risk, health care professionals and different advocacy groups.

Filling gaps

According to RAND, research suggests that evidence-based suicide prevention programming in schools has the potential to help fill gaps in

What’s ahead for the mental health field in 2024?

We are beginning to work on *Mental Health Weekly’s* 2024 Preview Issue, and we’d like your input. What are the challenges and opportunities that await you and your organization in the new year? We would like to include your responses in this issue, which will be published Jan. 1, 2024. Be as specific as possible in your response and limit your reply to no more than 200 words. Please email your responses to vcanady@wiley.com by Tuesday, Dec. 26.

Continued from previous page

hasn't been research to date on how many of the students flagged were actually at risk or what were the outcomes, she noted. "What happens after an alert? Does it [result in] something positive?" Health outcome data are HIPPA [Health Insurance Portability and Accountability Act] protected, she noted, indicating there was data that was inaccessible to the researchers.

Ayer added, "These are tools being used in some of our biggest school districts in the country, but we lack information on how accurate they are." Multiple companies are selling these tools and usually school districts purchase a license for the software.

RAND researchers recommend that school districts and departments of education leaders engage a variety of stakeholders — including school personnel, pediatric and other community mental health providers, as well as local law enforcement — to inform them about plans for using the tools and seek their input on best practices for integrating these tools into the overarching set of interventions intended to support the mental health of students.

These efforts should take place as part of the decision-making process, prior to the installation of AI-based student activity monitoring on school-issued devices, they stated.

"These tools might actually be helping as much as we hope, but we need to know more about these tools, especially given the lack of transparency that there is right now," said Ayer. •

STATE NEWS

Virginia data reveals severe shortage of child, adolescent psychiatrists

There is a significant shortage of practicing child and adolescent psychiatrists, or CAPs, across the United States, according to data from the American Academy of Child and

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>.

The **National Council for Mental Wellbeing** will hold its annual NATCON 24 **April 15–17, 2024 in St. Louis**. Visit <https://natcon24.eventscribe.net> for more information.

Adolescent Psychiatry (AACAP), the online news agency, Virginia Mercury, reported Dec. 4. The AACAP data classified states into four groups: states with a sufficient supply of CAPs, those with a high shortage, those with a severe shortage, and those states with no CAPs. Virginia is in a severe shortage, with just 264 CAPs in the state as of 2019, the most recent data available. That means on average there are 14 CAPs available per 100,000 children in Virginia, which is also the national average. The academy defines a "mostly sufficient supply" as more than 47 per 100,000 children. Nationwide, few counties meet that standard. The Virginia Mental Health Access Program, or VMAP, and oversees the work of all child psychiatrists involved in the program. VMAP is a statewide initiative that strives to give kids greater

mental health access by teaching pediatricians to function like psychiatrists. Pediatricians are taught how to screen, diagnose, manage and treat mental health in children. More than \$12 million was allocated for child psychiatry and children's crisis response services to be divided throughout the state based on current services already offered. The funds can be used to hire or contract child psychiatrists to provide clinical services, or to train. Mental health advocates have said the budget makes "significant investments" in mental health services across the state.

Renew your subscription at
cs-journals@wiley.com

Find more resources at
www.wiley.com

In case you haven't heard...

The United States Surgeon General Dr. Vivek Murthy on Dec. 4 launched the 5-for-5 Connection Challenge, calling on Americans to take five actions over five days to build more connection in their lives, a U.S. Department of Health and Human Services (HHS) news release stated. Dr. Murthy recently issued this challenge to students across the country on his "We Are Made to Connect" college tour, which concluded in early December. As we enter the holiday season, the 5-for-5 Connection Challenge aims to inspire people of all ages to build, strengthen, and prioritize their relationships. For the next two weeks, from Dec. 4 to 15, the Surgeon General will encourage people to take five actions over five days that express gratitude, offer support to, or ask for help from people in their lives. These types of actions are outlined in the Surgeon General's advisory, "Our Epidemic of Loneliness and Isolation," (www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf) as some of the ways that people can catalyze social connection. As outlined in the advisory, social connection can advance physical, mental and cognitive health, and it is even associated with a decreased risk of mortality.