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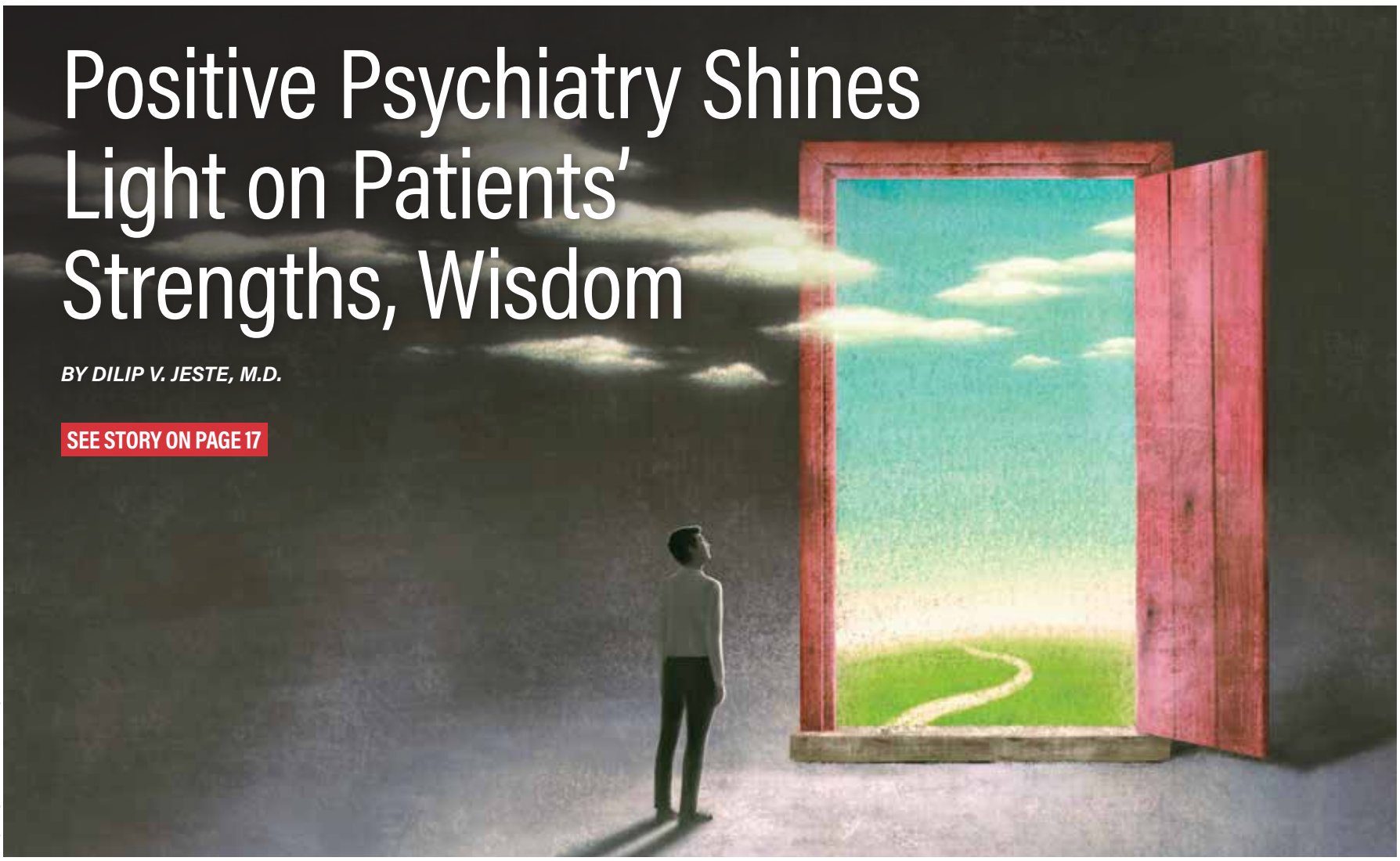


Positive Psychiatry Shines Light on Patients' Strengths, Wisdom

BY DILIP V. JESTE, M.D.

SEE STORY ON PAGE 17

Getty Images/iStock/Jorm Sangsorn

FDA Reviewing Clozapine REMS to Determine If Monitoring Requirements Can Be Modified

The FDA reevaluation of the clozapine REMS is a result of effective advocacy by APA and other professional groups concerned about the REMS' burden on prescribers, pharmacies, and patients and their families. ***BY MARK MORAN***

The Food and Drug Administration (FDA) is conducting a review of the Risk Evaluation and Mitigation Strategies (REMS) for the antipsychotic clozapine to determine if the REMS requirements for blood monitoring of neutropenia can be modified "to minimize burden on patients, pharmacies, and prescribers while maintaining safe use of clozapine," the FDA said in a statement last year.

The clozapine REMS is a safety program required by the FDA to manage the risk of severe neutropenia associated with clozapine treatment; it was originally instituted in September 2015. The REMS applies to all clozapine medicines on the market and requires the use of a centralized system to monitor patients and prevent or manage clozapine-induced neutropenia. In 2021, the FDA approved modifications to the clozapine REMS, and those requirements went into effect on November 15, 2021.

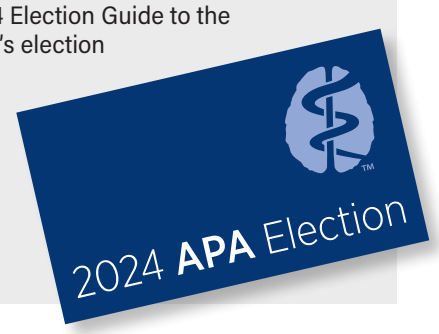
But prescribers, pharmacists, and patients and their families say the

see **Clozapine** *on page 36*

PERIODICALS: TIME SENSITIVE MATERIALS

Have You Voted Yet?

APA voting members should have received an email by now with a link to their electronic ballot and the APA 2024 Election Guide to the Candidates. Members may also go to APA's election website and use their member login information to access their electronic ballot. If you have not voted yet, don't delay. The deadline for online voting is **Wednesday, January 31,** at 11:59 p.m. EST. Exercise your right to select the people you believe can best represent you.



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AMERICAN PSYCHIATRIC ASSOCIATION

FROM THE PRESIDENT

Harnessing the Potential of the Annual Meeting To Confront Addiction

BY PETROS LEVOUNIS, M.D., M.A.

Over the past year, much of my work as APA president has been centered around the theme "Confronting Addiction From Prevention to Recovery." This work has been focused around four main topic areas that represent some of the most common and challenging areas of addiction medicine: opioids, alcohol, vaping, and technology.

This theme will also carry over to the Annual Meeting in New York City (May 4 to 8), where it will serve to both focus the scientific program and create space for special sessions centered around confronting some of the most pressing psychiatric issues of the day.

I am excited to see how the work we have done in our public information and engagement efforts translate to the scientific sessions on our program. Attendees at the special sessions on addiction will have access to some of the most cutting-edge information on the diagnosis and treatment of substance use disorders (SUDs) now available. While the majority of the work that has been done as part of my presidential initiative so far has been targeted to the public, we have also created

messaging and resources aimed at physicians and emphasized collaboration with our partners in the house of medicine.

One of the fruits of that collaboration is a pair of top 10 lists designed to share essential information on addiction. The Top 10 Things Everyone Should Know About Addiction is aimed at a general audience, while the Top Ten Things Every Physician Should Know About Addiction is aimed at doctors who may encounter addiction in the course of their practice, but may have some unanswered questions about how to best approach treatment for patients with addiction. These lists were produced in collaboration with the American Academy of Addiction Psychiatry, the American Academy of Family Physicians, and the American Society of Addiction Medicine. We will continue to pursue opportunities for collaboration with these and other potential partners during the course of this initiative.

Public education and engagement remain the bedrock of our mission with the presidential initiative on confronting addiction. Results from the first two mini-campaigns on vaping and opioids have been very promising, with millions of people reached through our various efforts across social media, print media, and op-eds; animated explainer videos on YouTube; *Psychiatric News* special reports; and blogs on Psychiatry.org. Naloxone Nation, a docu-series on opioid use disorder, was just launched and is steadily building a viewership. What these numbers tell us is that there is a public out there that is hungry for evidence-based information on SUDs and for guidance from physicians on how to approach and access treatment.

I know that thanks to the fantastic work of our Scientific Program Committee, and the knowledge and expertise of our members, attendees will come away from the Annual Meeting with practical knowledge they can implement right away in their home community, whether they work at a large hospital system or in private practice. I hope you'll join us in New York City in May to take advantage of a fantastic opportunity for learning and networking at the premiere psychiatric event of the year. **PN**

Go to psychiatry.org/annualmeeting now to register and review the general program.

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DEPARTMENTS

Jeffrey Borenstein, M.D., Steps Down As Editor in Chief of *Psychiatric News*

Since assuming the role of editor in chief in January 2012, Borenstein has ensured that APA's newspaper is timely, credible, informative, and aesthetically appealing, while also helping grow the newspaper's digital presence. **BY SAUL LEVIN, M.D., M.P.A.**

Saul Levin, M.D., M.P.A., is CEO and medical director of APA.

Jeffrey Borenstein, M.D., is stepping down as editor in chief of *Psychiatric News* this month after 12 years of service. He has served APA and *Psychiatric News* in exemplary fashion, and I have personally enjoyed working with him immensely. His knowledge of what is current and cutting edge in psychiatric research, his extensive background in communications and public relations, and his instincts for what matters to APA members have made him a wise and judicious editor. As a recent readership survey of *Psychiatric News* showed, he has ensured that *Psychiatric News* is a valued member benefit, maintaining members' connection to their professional home.

Since assuming the role in January 2012, Jeff has guided the production of 270 editions of our APA newspaper, providing accurate and carefully reported news about psychiatric research and developments in clinical care, up-to-date information about government and regulatory agency rules that affect psychiatrists and their patients, updates on trends in community mental health, news and analysis about relevant court decisions, and timely reminders to members about APA initiatives and meetings.

Every single one of those issues has been a small epic of news gathering, interviewing, writing, editing, proofreading, and artistic production. Working with an extraordinary staff of editors, reporters, and production personnel at *Psychiatric News*, Jeff has ensured that APA's newspaper is timely, credible, informative, and aesthetically appealing. In addition, he has tapped into the wealth of APA members' expertise by welcoming them to write articles and commentary; under Jeff's editorship the paper began running the long-form articles on cutting-edge research and clinical care—written by experts in the field—under the banner of "Special Reports" in every edition.

Jeffrey Borenstein, M.D., editor in chief of *Psychiatric News* since January 2012, will continue as president and CEO of the Brain & Behavior Research Foundation and host of the PBS series "Healthy Minds."

At the same time, Jeff has guided the newspaper's growing digital presence, an evolution still in process. It was under his editorship that the *Psychiatric News Alert* first appeared, with remarkable average open rates of 50%. The *Alert* provides daily digests of the psychiatric literature, as well as brief summaries of breaking news that is more extensively covered in the newspaper. More recently, *Psychiatric News* added a special digital section to its website called "Newswire," where readers can access news and information online well before it appears in the print edition of the newspaper.

Jeff's contacts in the research world and within the APA membership and governance—he was a longtime member of the Assembly—have been invaluable. He has been both a careful and forward-looking steward of *Psychiatric News* as well as an ambassador for the newspaper. I want to thank Jeff for his work and wish him well as he continues in his roles as president and CEO of the Brain & Behavior Research Foundation and host of the PBS series "Healthy Minds."

Meet the new editor-in-chief, Adrian Preda, M.D., in the next issue. **PN**

APA's Toolkit Encourages Reporters to Reject AAPI Stereotypes

A new toolkit for reporters outlines the mental health ramifications of poor media representation of the Asian American/Pacific Islander (AAPI) community, as well as the discrimination and racism that result. **BY KATIE O'CONNOR**

As a fourth-generation San Franciscan, William Wong, M.D., grew up hearing firsthand about the systemic racism that three generations of his Chinese American family experienced. Their lives were deeply impacted by the Chinese Exclusion Act of 1882, which banned Chinese laborers from immigrating to the United States, and the Page Act of 1875, which prohibited Chinese women from entering the country.

In 2020, he saw a new wave of Asian American–directed racism sweep the country. Even before the COVID-19 pandemic lockdowns were implemented, Wong was confronted with discrimination when ordering ride shares. Then, after the lockdowns went into effect, drivers would slow down their cars and yell at him when he was out for walks. "This was in my own neighborhood," said Wong, a psychiatrist with Kaiser Permanente in San Mateo, Calif. "It was quite shocking to me."

As Wong contemplated what could be done about these issues, so, too, did Seeba Anam, M.D., an associate professor of psychiatry and behavioral neuroscience at the University of Chicago. "I'm a big consumer of media, but I have never really found anything that reflects my experience or the experiences of my family or friends," Anam said. "What I did find was discrimination modeled through stereotypes." She saw the danger of this misrepresentation again during the early days of the COVID-19 pandemic, when stereotypes and discrimination in the media resulted in violence.

In seeking to address these problems and raise public awareness about their mental health ramifications, Wong and Anam each reached out to APA and were connected through the chair of the Caucus of Asian American Psychiatrists, Dora Wang, M.D. Together, Wong and Anam worked closely with APA's divisions of Communication and Diversity and Health Equity and co-wrote a new toolkit for reporters that outlines best practices for reporting on the Asian American/Pacific Islander (AAPI) community and explains the mental health impacts of media misrepresentation. They presented the toolkit to the Asian American Journalists Association, then released it to the public last November.

Avery Wong Photography

William Wong, M.D., saw discrimination toward the AAPI community intensify during the COVID-19 pandemic and reached out to APA to see what the psychiatric community could do to address it.

"Media is a core part of how we learn about the world around us," Anam said. "Stereotypes dehumanize communities and allow room for mistreatment. When you subvert stereotypes and portray communities with nuance or as multidimensional characters, it makes a huge difference to people's internal sense of self and how they may be seen and treated by others."

The toolkit gives journalists practical advice on reporting on the AAPI community, such as including the perspectives of AAPI individuals for diversity in general stories, reminding the audience that the community is deeply rooted in America, and clearly identifying acts of racism. It also emphasizes the importance of people seeing themselves depicted accurately, which

see **AAPI Stereotypes** *on page 13*

Psychiatrists Have Opportunities To Help Build Crisis Systems

In the wake of 988's creation, there are numerous opportunities for psychiatrists to be involved in building out behavioral health crisis services and help ensure their communities have a robust, reliable system that meets patients' needs.

BY KATIE O'CONNOR

Katie O'Connor

"If we want to be involved in this once-in-a-lifetime opportunity to design a whole emergency system for mental health, we can step up and be part of that," said Margaret Balfour, M.D., Ph.D.

There are many areas of disagreement in Congress and across the nation right now. But one thing that everyone pretty much agrees on is that it does not make sense for law enforcement officers to be the default first responders to mental health crises, said Margaret Balfour, M.D., Ph.D., an assistant professor of psychiatry at the University of Arizona College of Medicine in Tucson.

Balfour spoke at APA's Mental Health Services Conference during the session "988 One Year Later: Where Are We on the Roadmap to the Ideal Crisis System?" She was joined by Billina Shaw, M.D., M.P.H., senior medical advisor for the Center for Mental Health Services at the Substance Abuse and Mental Health Services Administration (SAMHSA). Shaw outlined SAMHSA's goal of transforming the country's network of behavioral health crisis systems so it is sustainable and delivers care based on best practices.

There are numerous factors and national initiatives that are creating the right conditions for a movement that could usher in an unprecedented amount of investment in psychiatric crisis care, Balfour said.

The first of those factors was the creation of 988 as the three-digit phone number for the Suicide and Crisis Lifeline. Additionally, there is bipartisan agreement in Congress on the importance of ensuring that patients have access to mental health services, especially when they're in crisis. Further, the push to reform the nation's police force also creates an opportunity to change crisis response systems so police are no longer the de facto responders when someone has a mental health crisis.

"With all of this going on, there are lots of emerging opportunities for psychiatric leadership," Balfour said.

Balfour was one of the contributors on the "Roadmap to the Ideal Crisis System" report, published in March 2021 by the Group for the Advancement of Psychiatry and the National Council for Mental Wellbeing. In the report, she said, the authors tried to emphasize the need for systems that support mental health crisis services, with the architects of those systems paying just as much attention to the governance and financing of the system as they do the services themselves.

"One of the things about crisis is that the clinical goals and the fiscal goals are pretty well aligned," she said. "What I want as a psychiatrist are for my

see **Crisis Systems** *on page 14*

APA'S GOVERNMENT, POLICY, AND ADVOCACY UPDATE

APA Emphasizes Need for More Research on Social Media, Youth Mental Health

In response to a request for information from the National Telecommunications and Information Administration (NTIA), APA outlined the mental health risks and benefits of social media use among youth. "Recognizing the ubiquity, opacity, and saturation of online interaction in daily life, we recommend policies that place the responsibility for safe and age-appropriate design with tech companies and developers rather than kids, parents, and schools," stated APA's letter, which was signed by CEO and Medical Director Saul Levin, M.D., M.P.A. The letter was addressed to NTIA Administrator Alan Davidson.

More research is needed to fully understand how social media use impacts youth mental health, APA argued. The research that is available, however, already suggests action should be taken to protect youth, while ensuring they can maintain access to the benefits of social media, as well.

APA outlined numerous health risks, including that youth who use social media heavily are more likely to be diagnosed with depression and anxiety, as well as to report lower levels of happiness. However, social media can also play a crucial role in connecting youth socially, especially those with minoritized identities who may not live in supportive homes. The letter noted that LGBTQ youth report feeling safe and understood in online spaces, which is associated with lower suicide risk. "The importance of these protective factors, and the stakes associated with reducing appropriate use of online tools by youth in need of information and community, makes certain policy choices around restricting youth access to online content unacceptable," APA's letter stated.

To advance research, APA advocated for policies that compel online platforms that monitor data usage among vulnerable populations, like youth, to share that data with research teams. "Increasing the flow of data from private institutions to research entities can help use these data for good," the letter stated.

APA's letter is posted at http://APAPsy.ch/letter-to-ntia.

Organizations Urge Aetna to Increase Telemedicine Services

Last year, Aetna announced plans to terminate several telehealth services for mental health and substance use disorders on December 1, including intensive outpatient and partial hospitalization programs. In response, APA and 12 other health organizations sent a letter to Aetna's President, Brian Kane, on November 2, strongly urging Aetna to reconsider.

Eliminating coverage of treatment for mental health and substance use disorders "will remove access to treatment for patients across the country," the organizations wrote. "This policy will force patients to forgo treatment, increase acuity, and result in a higher and costlier level of care because of Aetna's coverage decision."

The letter pointed out that a growing body of research shows that intensive outpatient programs delivered via telehealth result in similar outcomes to those offered in person, including length of stay, symptom reduction, and improved quality of life. "Lack of patient and clinician choice in determining what treatment modality is most appropriate undermines the shared decision-making between patients and their clinician."

In its December 2023 newsletter, Aetna clarified that the coverage changes would apply only to self-insured health plans, not fully insured plans. It also noted that some audiovisual behavioral health codes will continue to be covered.

The letter is posted at http://APAPsy.ch/aetna-letter.

APA Expresses Support for Legislation, Policies

As the Senate Finance Committee prepared to consider certain bills, APA wrote a letter expressing its support for many provisions that would support and expand the mental health workforce and improve access to care. The letter, signed by Levin, was addressed to Sens. Ron Wyden (D-Ore.), the committee's chair, and Mike Crapo (R-Idaho), ranking member.

In the letter, APA urged the committee to support the following:

- The COMPLETE Care Act (S 1378), which temporarily increases Medicare payment rates for primary care practices implementing integrated behavioral health services, such as the Collaborative Care Model.
- The More Behavioral Health Providers Act of 2023 (S 3157), which would increase Medicare's Health Professional Shortage Area bonus payments to psychiatrists and other mental health professionals.
- Expansion the Behavioral Health Workforce Now Act (S 3158), which would require the secretary of Health and Human Services to issue guidance to states about strategies under Medicaid and the Children's Health Insurance Program to increase mental health and substance use disorder clinician education, training, recruitment, and retention.

Further, APA expressed its support for the committee's efforts to require Medicare Advantage plans to cover out-of-network costs resulting from inaccurate provider networks. It also urged the committee to seek input from stakeholders on best practices for insurers to maintain accurate provider directories. APA also urged the committee to support new Medicare graduate medical education slots for psychiatry and psychiatric subspecialties in rural and urban areas alike.

APA's letter is posted at http://APAPsy.ch/finance-committee-letter.

Virtual Visits Increasing After-Hours Work for Doctors

Health systems should allot more time to doctors to meet increasing EHR demands posed by telehealth and find ways to simplify recordkeeping over the long haul. **BY LINDA M. RICHMOND**

Telemedicine increases access and convenience for patients, but new research has uncovered an unintended consequence: more after-hours documentation work for doctors on the electronic health record (EHR).

"We've been working with EHR systems for 15 years, and clearly they're very inefficient."
—Richard F. Summers, M.D.

Coinciding with the COVID-19 pandemic, telemedicine use increased from 3% in 2019 to 49% in 2021. Simultaneously, total physician time on the EHR rose to nearly 11 hours for every eight hours of patient care—an almost three-hour increase, Holmgren and colleagues reported in *JAMA Internal Medicine*. They compared two years of EHR data from 1,000 physicians providing outpatient care at UCSF Health. What's more, more than four hours of that time was spent outside of patient scheduled hours. Prior studies have shown that after-hours EHR work contributes to physician burnout, the authors wrote.

Other findings are as follows:

- Time spent on clinical documentation on the EHR rose to more than eight hours for every eight hours of patient care, a nearly two-hour increase.

- The number of weekly portal messages physicians received from patients nearly doubled, from 17 to 30, and similarly, messages from doctors to patients rose from 14 to 30.

"Physicians went into this field with a mental model of what being a doctor is like, and it wasn't writing a bunch of paperwork and typing at a computer all day," A. Jay Holmgren, Ph.D., M.H.I., an assistant professor of medicine in the Division of Clinical Informatics and Digital Transformation at the University of California, San Francisco, told *Psychiatric News*. "It was about face time with patients. So I think that's a big factor in the precarity of our clinical workforce today."

For the average psychiatrist, who spends 26 hours on patient care a week, that translates to 35 hours of total EHR time a week, which is 10 hours over prepandemic levels. What's more, about 17 of those hours take place after hours.

Other studies also found similar results: The *Journal of Medical Internet Research* reported last July that physicians, including psychiatrists, who delivered more care via telemedicine engaged in higher levels of EHR-based after-hours work compared with those who used telemedicine less intensively, Lawrence and colleagues found.

"Clearly telemedicine is a huge boon for psychiatry and is incredibly important for promoting increased access to health care, including for minoritized patients," said Richard F. Summers, M.D., a clinical professor of psychiatry at the Perelman School of Medicine at the University of Pennsylvania and APA treasurer. He is also an expert in burnout and physician wellness. At the same time, telemedicine drives improvements in quality of care and reduces costs, he added. "What is overlooked in this equation is the importance of promoting physician well-being. Telemedicine has the unintended consequence of being much more burdensome for physicians and other health care providers."

In fact, psychiatrists are the highest utilizers of telemedicine, using videoconferencing for well over one-third of their weekly visits, according to a report in 2020 by AMA. In fact, the vast majority of psychiatry practices (86%) offer videoconferencing, the report found.

So what is driving this big increase in after-hours EHR work for doctors? Holmgren said that for telemedicine, health systems haven't built in the same team-based care and workflow supports for doctors that exist with in-person care. Instead of having front-desk staff, nurses, and assistants to help with scheduling, billing, and patient questionnaires, "we've gone back to the traditional one-person shop with the doctor doing everything."

With telehealth, medicine has "gone back to the traditional one-person shop with the doctor doing everything."
—A. Jay Holmgren, Ph.D., M.H.I.

Holmgren's research also shows that there are fewer patient no-shows with telemedicine, so even though doctors' schedules may be the same, they are delivering more care. All of these factors add up to less down time during the day for physicians to spend on EHR documentation, patient callbacks, and other administrative tasks.

Summers said there are other challenges with telemedicine that lead to more after-hours EHR work. For starters, technological hiccups cut into focused session time, and patients may require more coaxing to share what's worrying them. Participants may be less engaged and less able to perceive the nuances of facial expression and body language over video feed compared with in-person care, Summers added. Finally after-hours documentation takes longer likely because the precise details of each session are harder to recall, he added.

"We've been working with EHR systems for 15 years, and clearly they're very inefficient. They're not designed to minimize physician time; they're designed to provide a complete data set that allows for billing, compliance, and so on," Summers said. In the short term, health systems must acknowledge and budget for this additional EHR burden posed by telehealth by allotting more time and reimbursement for physicians, he added.

Over the next few years, artificial intelligence (AI) holds promise for a solution. "There are already AI tools being marketed that can listen to an

see **Virtual Visits** *on page 13*

ETHICS CORNER

Is It Ethical to Report Patients for Animal Abuse?

BY CHARLES C. DIKE, M.D., M.P.H.

Several psychiatrists working in an outpatient clinic had gotten increasingly concerned by the behavior of some of their patients toward their pets. One patient had confined his pitbull to his small apartment without opportunities for exercise; another had tied her dog to a tree in the backyard for days without attending to the dog; and yet another had a dog that showed signs of neglect, emaciation, and dehydration.

The psychiatrists had given advice to the patients for months over the treatment of their pets without success. With increasing concern and alarm, they wondered whether they should report their patients to Animal Control/Rescue Services, but they were worried about contravening HIPAA, an illegal and unethical act. On the other hand, they wondered if they had an ethical obligation to report animal abuse. They subsequently sought the counsel of their hospital ethics committee.

Charles C. Dike, M.D., M.P.H., is chair of the APA Ethics Committee and former chair of the Ethics Committee of the American Academy of Psychiatry and the Law. He is also a professor of psychiatry; co-director of the Law and Psychiatry Division at the Yale University School of Medicine; and medical director in the Office of the Commissioner, Connecticut Department of Mental Health and Addiction Services.

The term "cruelty to animals" was first incorporated into law in the United States in New York state in 1867 following vigorous advocacy by the American Society for the Prevention of Cruelty to Animals. Every state now has laws banning animal cruelty, and the definition of cruel acts has expanded to include abuse of all kinds and neglect. Consequences for breaking the law have included hefty financial fines as well as long prison sentences. Of particular concern is the association between animal cruelty and violence. Individuals who abuse animals are also more likely to abuse humans than those who do not, thereby putting family members, espe-

continued on facing page

Peer Support Specialists Have Something To Teach Psychiatrists

A public psychiatry fellowship at Columbia pairs fellows with people with lived experience of mental illness who have trained to be peer support specialists. **BY NICK ZAGORSKI**

Sacha Agrawal, M.D., was completing a psychiatry fellowship at Yale School of Medicine in 2011 when he first became aware of the insight that a person with lived experience of mental illness can offer to health teams.

As Agrawal relayed to attendees at the 2023 Mental Health Services Conference, his journey to a deeper understanding of the role of peer specialists started when he was assigned Maria Edwards as a mentor. Edwards had overcome schizophrenia, addiction, and homelessness and had worked as a peer support specialist for more than a decade. At the time that she was asked to mentor Agrawal, she had just been promoted to peer support team leader.

Even though Agrawal had wanted to work with a peer support specialist, he admitted that he had a hard time taking Maria seriously at first, given his ingrained biases about people with serious mental illness. Over the course of a year, however, the pair bonded and each gained insight into the life of the other, as they chronicled in a *Psychiatric Services* article in 2013.

Agrawal, who is now an assistant professor of psychiatry at the University of Toronto, also used his experience to help develop an educational program that pairs psychiatry residents with peer specialists as a means of understanding recovery and reducing negative stereotypes of mental illness.

"We can't keep training physicians the same way as before and expect to get care with dignity and respect at the fore," he said.

Such interactions are important for changing the power dynamics in medicine, explained Stephanie Le Melle, M.D., director of public psychiatry education at Columbia University Medical Center. She spoke at the session about the school's public psychiatry fellowship, which is the first psychiatry program in the United States to adopt the Toronto model.

Columbia's fellowship trains psychiatrists to see patient care as recovery focused and social justice informed. "We encourage doctors to give up some of their power in order to empower others," she told the audience.

Having public psychiatry fellows at Columbia spend time with and learn from peer specialists helps them reframe their thinking about the nature of the physician-patient dynamic, said Stephanie Le Melle, M.D.

In this one-year program, fellows split their time between theory (didactic education about public psychiatry) and practice (being an attending psychiatrist in centers serving people with complex needs, such as those living in subsidized housing or those in prison).

As part of the education component of the program, each of the 10 annual fellows is paired with a certified peer support specialist with lived experience. Fellows and specialists then meet in pairs for an hour each month for open discussion.

In addition to these one-on-one conversations, there are periodic group discussions on challenging topics, such as the ethics of involuntary commitment.

At the end of each fellowship year, both fellows and peer specialists write a narrative about their experience and share what they have learned.

"I am not just helping someone; we are co-learning," Antonio Munõz-Hilliard, a peer support specialist at Mount Sinai Morningside in New York, told session attendees.

After years of sharing his journey with mental illness and substance use, Munõz-Hilliard started to question the importance of his role on health teams, he said. He began to think "my story is important only to me," he recalled.

By the end of his first year participating in Columbia's public psychiatry fellowship, however, he felt stronger and wiser, and has since been a fixture in the program.

"These relationships are real, and that's how true healing takes place," said Le Melle. **PN**

More information on Columbia's Public Psychiatry Fellowship is available at http://apapsy.ch/columbia-public-psychiatry.

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cially children, at risk. Psychiatrists treating these patients are concerned not only about potential serious legal consequences for their patients, but also for the life of the animals and, in some cases, the safety of the patients' family members. And while they are rightfully concerned about breach of confidentiality, they fear that reporting the abuse could rupture the therapeutic alliance, even in the absence of legal encumbrances.

While some state laws have incorporated animal abuse into domestic violence laws and some specifically mandate veterinarians to report animal abuse, mental health professionals are not mandated reporters. However, all state laws recommend reporting animal abuse.

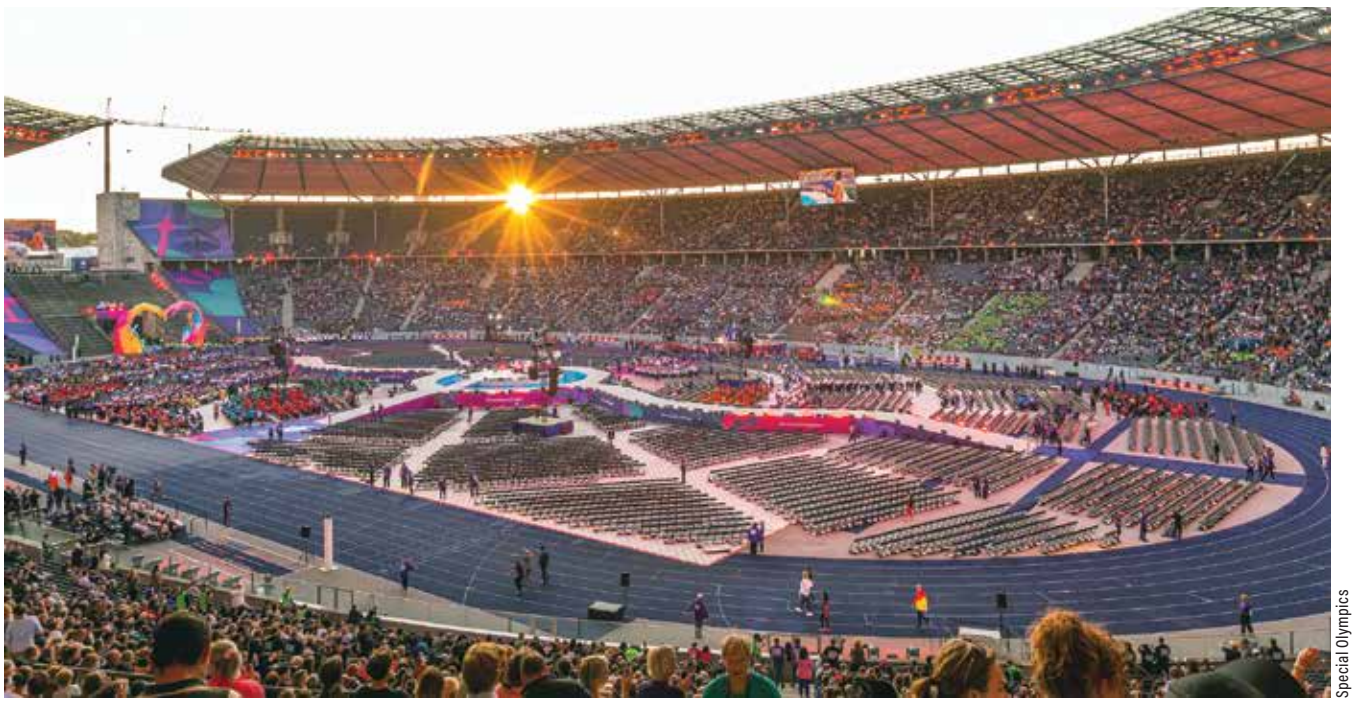
While the Society for the Advancement of Psychotherapy advocates mandatory reporting of animal abuse as an ethical injunction for psychologists, neither the American Psychological Association nor the American Psychiatric Association ethics codes reference it. Nonetheless, some APA members have wondered whether our ethics mandate to recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health (Section 7 of the "APA Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry") justifies reporting animal abuse. Additionally, they posited that since our paramount responsibility is to our patients (Section 8), helping them refrain from breaking the law, which early and careful reporting may achieve, is ethical. These tangential connections to APA ethics are problematic and may be insupportable.

While current laws and ethics may not provide definitive answers, psychiatrists may focus attention on psychological and behavioral interventions geared at managing the problem. As noted above, patients who suffered extreme trauma in childhood such as physical or sexual abuse, exposure to domestic violence, or to animal abuse are more predisposed to abusing animals in the future. Therefore, animal abuse may be a maladaptive sequela of severe trauma. Personality characteristics such as easy irritability and anger and low frustration tolerance increase the risk of animal abuse. Psychoeducation such as alerting patients of the illegality of animal abuse and the potential for serious legal charges should be coupled with encouraging them to work collaboratively in therapy to avoid such negative consequences. Anger, stress management, and behavioral therapy techniques, along with animal-assisted therapy, may also help. Strategies for teaching empathy should be incorporated into care. Consider establishing a discussion group centered on pets, which may provide an opportunity for peer education and peer pressure to treat animals humanely. Pharmacological interventions include mood stabilizers, antipsychotics, and antianxiety medications as indicated.

If a patient continues to abuse a pet despite intervention, psychiatrists should seek legal advice regarding how to proceed, especially in recalcitrant cases of severe abuse/crime. **PN**

"The APA Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry" is posted at http://apapsy.ch/Principles_of_Medical_Ethics.

Special Olympics International Receives 2023 Pardes Prize



Special Olympics

This year's humanitarian award from the Brain & Behavior Research Foundation recognized Special Olympics International for its work with people with intellectual disability disorders, which goes far beyond sports training and competition. **BY NICK ZAGORSKI**

While accepting the 2023 Pardes Humanitarian Prize on behalf of the Special Olympics International, Karoly Mirnics, M.D., Ph.D., a member of Special Olympics' Board of Directors, noted the striking parallels between his organization and the Brain & Behavior Research Foundation (BBRF).

Both Special Olympics International and BBRF "grew out of nothing to the place we are at today" and continue to make a "tremendous impact on [people's] daily lives," he said. Mirnics is also the Hattie B. Munroe Professor of Psychiatry, Biochemistry & Molecular Biology at the University of Nebraska Medical Center and director of the school's Munroe-Meyer Institute.

When Special Olympics launched in the early 1960s, it was just one summer camp for children with special needs located in the suburbs of Washington, D.C. Today, the nonprofit is the largest sports organization for people with intellectual and developmental disabilities (IDD), supporting over 5 million athletes across the globe. BBRF grew from a modest philanthropy known as the National Association for Research on Schizophrenia & Depression (NARSAD) to the largest nongovernmental funder of mental health research grants in the world. Since 1987, BBRF has awarded over $450 million to fund more than 6,500 grants to 5,400 scientists around the world.

The success of Special Olympics and BBRF was made possible thanks to the determination of visionary women who wanted to raise awareness about people with mental illness and intellectual disability and reduce the stigma they and their families faced. For BBRF, the catalyst was Constance Lieber, who was president of BBRF from 1989 to 2007; for Special Olympics, it was Eunice Kennedy Shriver, who organized and hosted that first summer camp on her farm.

"Special Olympics International is a leading advocate for the inclusion of people with disabilities and a powerful force for reducing stigma and raising awareness of the mental health needs of people with intellectual disabilities," said Jeffrey Borenstein, M.D., president and CEO of BBRF, when presenting the award. He also recognized Mirnics as one of the foremost research experts and advocates for people with intellectual and developmental disabilities worldwide.

The Pardes Humanitarian Prize, which has been awarded annually by BBRF since 2014, recognizes an individual or organization whose work has helped advance understanding of mental illness and made a profound impact on the lives of people with mental illness. The award is named after Herbert Pardes, M.D., the first recipient of the award and a past president of APA.

More Than Sports and Games

While many people might know of the role of Special Olympics in promot-

see **Special Olympics** *on page 32*

Chad David Kraus

Karoly Mirnics, M.D., Ph.D. (right), accepts the 2023 Pardes Humanitarian Prize on behalf of Special Olympics International from BBRF President Jeffrey Borenstein, M.D.

Honorary Pardes Prize Recognizes Importance of Scientific Freedom

In addition to Special Olympics International, BBRF recognized psychiatrist and philanthropist Henry Jarecki, M.D., with an honorary Pardes Humanitarian Prize for his commitment to social justice and his efforts to preserve academic and scientific freedom.

Jarecki grew up in a German Jewish family that fled Nazism and eventually found its way to the United States. He started his career as a psychiatrist at Yale and was an early proponent of psychopharmacology.

During his acceptance speech, he noted the challenges that he and other psychiatrists faced in the years after the first psychotropics were developed: "We were called pill pushers for daring to consider the chemistry that underlies psychiatric problems."

He eventually left medical practice and became a successful businessman but continued to stay close to the field through investments in research and humanitarian efforts. As he noted, "priests and psychiatrists can never fully layoff their robes."

A prime example highlighted by BBRF was the Scholar Rescue Fund, which he established in 2002. This program identifies scholars and scientists whose personal background and/or their scientific activities have led to government reprisal in their home country; the Rescue Fund relocates these individuals to safe settings where they can continue their important work.

Federal Telehealth Policy Changes After COVID-19 Public Health Emergency

BY CHRISTIAN MOSER, M.D., AND SY SAEED, M.D., M.S.

Health technologies, especially the use of telehealth, have revolutionized the practice of psychiatry, and it can be difficult to adapt clinical practices in the face of ever-changing policy governing its use. Federal, state, payer, and facility policies all play a role in regulating the use of telehealth. In this article, we will focus on federal policy and provide a brief overview of relevant rules.

The Department of Health and Human Services (HHS) took a range of administrative steps to support the adoption of telehealth during the COVID-19 public health emergency (PHE). Since the end of the PHE, some telehealth flexibilities have been made permanent while others are temporary.

Several key Medicare flexibilities have been made permanent. Medicare beneficiaries can receive behavioral health care via telehealth in their homes or other community settings in any part of the country, while prior to the PHE Medicare beneficiaries had to be located in rural locations and receive services from designated sites. Additionally, telehealth services for mental health can be delivered using audio-only communication platforms for Medicare patients. Coverage for telehealth by other payers varies, and state Medicaid policies are tracked by the Center for Connected Health Policy.

Christian Moser, M.D., is a Jeanne Spurlock Congressional Fellow in the office of Sen. Lisa Murkowski. Sy Saeed, M.D., M.S., is a professor and chair emeritus of the Department of Psychiatry and Behavioral Medicine at East Carolina University. Both are members of APA's Committee on Telepsychiatry.

Many policies remain in flux. Under the Consolidated Appropriations Act of 2023 and other rules including the 2024 Medicare Physician Fee Schedule, the following policies are in place only until December 31, 2024:

- The Drug Enforcement Administration (DEA), jointly with HHS, has extended telemedicine flexibilities regarding the prescribing of controlled medications that were in place during the COVID-19 PHE. This allows practitioners to prescribe controlled medications via telemedicine without a prior in-person exam within their scope of practice and clinical judgment.

- Resident physicians can be under virtual supervision when delivering telehealth to Medicare beneficiaries.

- Medicare patients are not required to be seen in person prior to initiating telehealth services for mental health.

- Medicare reimbursement rates for outpatient telehealth delivered to the patient's home setting are the same as rates for in-person care.

Most mental health providers who are eligible to bill Medicare for their professional services can provide telehealth. Covered services include many of our most routine types of encounters such as psychiatric diagnostic evaluations, follow-up appointments, and psychotherapy. Additionally, Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) can provide telehealth services to patients wherever they are located. FQHCs and RHCs are now eligible Medicare originating sites for telehealth as well.

A common area of concern regarding telehealth policy is licensure and cross-state care, which are primarily administered at the state level. During the PHE, Medicare allowed practitioners to bill for services provided in states in which they were not licensed, and most states waived state licensure requirements. We now have a patchwork of different policies across states, creating uncertainty for practitioners and patients who moved during or after the pandemic or now work remotely. Some of these policies include enacting temporary practice laws to support existing provider-patient relationships across state lines and minimize gaps in care, streamlining the process of full licensure by means of interstate compacts, and creating telehealth-specific licenses for out-of-state providers.

There are ongoing efforts in Congress to alleviate the uncertainty around the future of telehealth policy, including efforts to expand telehealth broadly through the CONNECT for Health Act of 2023 as well as address the prescribing of medications for opioid use disorder specifically. APA will continue to provide updates as the telehealth landscape evolves. **PN**

The web address of the Center for Connected Health Policy is https://www.cchpca.org/. The list of telehealth services payable under the Medicare 2024 fee schedule is posted at https://www.cms.gov/medicare/coverage/telehealth/list-services. Information on the Medicare 2024 fee schedule is posted at https://psychnews.psychiatryonline.org/doi/10.1176/appi.pn.2023.12.12.43. Information on the CONNECT for Health Act of 2023 is posted at http://apapsy.ch/Connect-Act.

Is That Photo in Your Social Media Feed Real?

BY DECLAN GRABB, M.D.

In March 2023, an image of Pope Francis wearing a puffy white Balenciaga coat went viral, receiving coverage in *The New York Times,* CNN, and beyond. Some users criticized the pope for such an ostentatious demonstration of wealth. The actual issue, however, was that the image wasn't real; it was created using Midjourney, an AI-powered image generating tool.

You have likely now heard of ChatGPT. You and some of your patients may be using AI-powered technology for entertainment, increased efficiency with tasks, or general queries. In its most recent public presentation in November 2023, OpenAI highlighted that ChatGPT has 100 million weekly users.

As the pope's image shows, popular generative AI tools are no longer solely text-generating tools; they are now multimodal. This means that a model can perceive visual information as well as generate visual information, in the case of ChatGPT. These capabilities build on similar models and technologies that were previously separate from ChatGPT. (DALLE 3 is OpenAI's image-generation model; it was rolled out to most users in October 2023 and has since been combined into the ChatGPT interface.) In addition, other companies, like Midjourney, have solely focused on AI-powered text-to-image generation. Given ChatGPT's number of weekly users, many of your patients are likely using these technologies, so it is important to understand them and discuss their pros and cons with patients.

Declan Grabb, M.D., is a fourth-year psychiatry resident at Northwestern Memorial Hospital in Chicago. He is interested in the intersection of technology and mental health, having published and presented on artificial intelligence (AI) in the field of mental health. He was the inaugural recipient of APA's Paul O'Leary Award for Innovation in Psychiatry for his work in AI-related tools in mental health. He is a fellow in "Brainstorm," led by Nina Vasan, M.D., M.B.A. It is the world's first academic lab dedicated to mental health innovation, located at Stanford University.

Much has been written on generative AI's ability to propagate and create disinformation. OpenAI has already collaborated with Georgetown and Stanford universities to identify risks and solutions regarding the ability of large language models (LLMs) to be misused for disinformation. They foresee that LLMs will decrease the cost of disinformation campaigns and increase the feasibility of personalized influence campaigns via generation of personally tailored content. Open AI and the universities stated in a January 2023 report, "Our bottom-line judgment is that language models will be useful for propagandists and will likely transform online influence operations." Anthropic and similar companies have also been the subject of public scrutiny for such risks.

The image of the pope is a relatively benign example of such technology; however, one can easily imagine what a presidential campaign may look like with the power of generative AI. These technologies have already been utilized to generate images of politicians such as Vladimir Putin and Donald Trump being arrested. There is no tagging for such images that would allow users to know that an image was generated by AI. As such, AI-generated images (or "deepfake") are now being shared on social media with increasing frequency, and users are being inundated with vast amounts of increasingly convincing disinformation.

On page 35 are two images I generated using Midjourney. These relatively benign images are meant to

see **AI Images** *on page 35*

IN MEMORIAM

John Talbott, M.D., Past APA President and Community Psychiatry Leader, Dies

BY MARK MORAN

John Talbott, M.D., a leader in academic and community psychiatry and past APA president (1984-1985), died November 29, 2023. He was 88.

Talbott had been the chair of the Department of Psychiatry at the University of Maryland from 1985 to 2000 and was editor of *Psychiatric Services* (formerly known as *Mental Hospitals* and the *Journal of Hospital & Community Psychiatry*) from 1981 to 2004.

Talbott was known as a powerful voice for people with severe and persistent mental illness and an early and fierce critic of deinstitutionalization. In 1978 he published, *The Death of the Asylum: A Critical Study of State Hospital Management, Services and Care.*

Talbott was "a giant of modern psychiatry," said APA CEO and Medical Director Saul Levin, M.D., M.P.A. "At the highest levels of our organization he was an early and effective advocate for those most in need. We are grateful for his leadership, and his legacy will always remind us of our mission."

"John was a remarkable leader in community and academic psychiatry," said past APA President Steven Sharfstein, M.D., who worked with Talbott and was a friend of many years. "He was one of the first to alert the field to the tragedy of indiscriminate deinstitutionalization and the resulting homelessness and criminalization of people with mental illness. He was a fabulous teacher and a mentor to many."

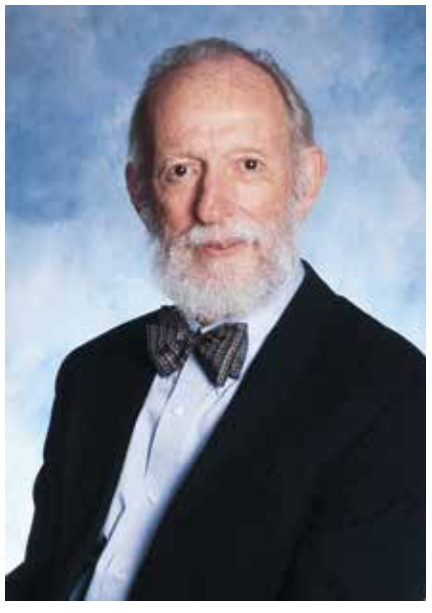
Howard Goldman, M.D., who succeeded Talbott as editor of *Psychiatric Services,* called Talbott a "powerful force for good in our field" and "a champion of action and ideas."

Goldman recalled, "After writing *The Death of the Asylum*, he chaired the task force within APA focused on what were then referred to as 'chronic mental patients,' charging the field to prioritize individuals with the most disabling mental disorders. The report on their work was published in 1978 by APA as *The Chronic Mental Patient: Problems, Solutions, and Recommendations for a Public Policy.* This volume and its recommendations were extremely influential in altering priorities for services within public mental health systems across the U.S. This represented an important reform in the delivery of psychiatric services nationally."

Sharfstein agreed, calling *The Chronic Mental Patient* a "seminal contribution" to the understanding of problems associated with deinstitutionalization and best practices for care of people with severe and persistent mental illness in the community.

A July 2000 article in *Psychiatric Services* by Richard Lamb, M.D., recalled the background leading up to the 1978 APA Conference on the Chronic Mental Patient and its aftermath. In that article, Lamb noted that Talbott "and others who planned and participated in the conference stressed throughout that their aim was action and not merely to be 'a study group to produce a document that might be put on a shelf and ignored.' In fact, Dr. Talbott lobbied vigorously and tirelessly after the conference to all who would listen. He spoke to [then President Jimmy Carter's] President's Commission on Mental Health, and a copy of the recommendations of the conference was presented to that body. He testified before Congress and was active with the media."

Talbott published hundreds of book chapters and papers, the last of which appears in the January issue of *Psychiatric Services,* written with Goldman and *Psychiatric Services* Editor Lisa Dixon, M.D., about the 75th anniversary of the journal.



Talbott served as an Army captain in Vietnam from 1967 to 1968. He was active in Vietnam Vets Against the War, for which he was the spokesperson at the Chicago Democratic National Convention in 1968. In later years he was an advocate for veterans with PTSD.

Talbott earned his medical degree at what was then known as Columbia College of Physicians and Surgeons. He trained in psychiatry and psychoanalysis at Strong Memorial Hospital in Rochester, the Presbyterian Hospital-New York State Psychiatric Institute, and the Columbia University Center for Psychoanalytic Training and Research.

After he stepped down as chair of psychiatry at the University of Maryland in 2000, Talbott undertook an initiative for the dean of the school of medicine that resulted in HELPERS-PRO Professionalism Project, which introduced aspects of medical humanism in every course and rotation in medical school.

Sharfstein recalled also that Talbott had a "fabulous wit and was great fun to be with." As an undergraduate at Harvard, Talbott had been a staff writer for the Harvard Lampoon. In later years he and his wife frequently visited Paris, where they had an apartment, and he wrote a blog titled "John Talbott's Paris" about restaurants in the French capital.

In an obituary he wrote for himself that was later distributed to friends and colleagues, Talbott wrote: "If my colleagues wish to hold a Remembrance at either Cornell-Columbia and/or the University of Maryland, they may do so as long as they keep their remarks brief, funny, and outrageous. In no case should there be a tinge of religion, sanctity, or mourning—celebration of a life well lived is what I'd like to be remembered by." **PN**

Rosalynn Carter Was Our Modern Day Dorothea Dix

BY STEVEN SHARFSTEIN, M.D.

Steven Sharfstein, M.D., is president emeritus of Sheppard Pratt Health System in Baltimore and a former APA president.

For nearly 50 years, former First Lady Rosalynn Carter used her platform to champion the cause of people with mental illness, working zealously to ensure the fair and humane treatment of millions who suffer from these disorders.

She was in many ways her century's Dorothea Dix.

Dix, the legendary advocate for better treatment of people with mental disorders, also spent nearly half a century in her relentless campaign at federal, state, and local levels. Her efforts began in the winter of 1842, when she paid a visit to a freezing Massachusetts jail and was told by the jailer, "Madam, the insane require no heat." Her campaign led to the founding of some 32 "asylums," not a bad word in the mid-19th century.

Mrs. Carter's introduction to the issue came while campaigning with her husband during his bid for governor of Georgia in the early 1970s when she encountered a mother struggling to provide care for her daughter with mental illness.

She carried this passion for humane treatment from the governor's mansion to the White House. In 1977, the President's Commission on Mental Health—created by Jimmy Carter at Mrs. Carter's urging—embarked on the first comprehensive review of the country's mental health system since 1960.

At the time, I was a 35-year-old commissioned officer in the U.S. Public Health Service and served as the liaison between the National Institute of Mental Health and the White House. I watched with awe as Mrs. Carter joined the work of the commission. When the commissioners scheduled a field trip on a rented bus to see a hospital in Chicago, the Secret Service wanted Mrs. Carter to travel separately, but she refused. She spent that travel time with the commissioners getting to know them individually and urging them to be ambitious in their recommendations.

The commission's landmark report recognized the tragedy of deinstitutionalization and called for a robust system of care to help people obtain treatment, live independently, and contribute to society.

Mrs. Carter went right to work on the creation and passage of the Mental Health Systems Act of 1980, a sweeping bill that committed federal funds to provide community-based care. The bill integrated mental health with health care and created agencies to promote patients' rights, with a particular focus on serving the needs of those suffering from severe mental disorders.

While fighting for the legislation's passage, Mrs. Carter testified before both houses of Congress, including before a Senate panel led by Ted Ken-

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nedy, who at the time was challenging her husband in his reelection bid. She was the first first lady to testify before Congress since Eleanor Roosevelt.

It was my job to brief her before these and other events. She was a quick, intense study, readily absorbing not just the broad strokes of the legislation, but intricate details.

When she spoke to large groups, she was wonderful, but I learned that she was a naturally shy person. As we would wait in the wings looking out at a crowd, she would turn to me and say, "Well, what do you say?" Then she would take a deep breath and utter, "Let's go," before walking on stage, all smiles.

The Mental Health Systems Act passed, but months later, Ronald Reagan took office and repealed most of it. That didn't stop Mrs. Carter, however. Her most important work for mental health came after she left office.

Through The Carter Center, the nonprofit she and Jimmy Carter founded after the White House, she intensified her advocacy, fighting for the passage of the Mental Health Parity Act, which requires insurance companies to cover mental illness in the same way they cover all health problems. At various times, when the bill was in jeopardy, she stepped in to keep it alive—calling members of Congress, writing letters, giving speeches.

Rosalynn Carter and Steven Sharfstein, M.D., are photographed in 1996 at Sheppard Pratt in Baltimore, where she made the case for mental health parity legislation.

taking notes and, at the end of each day, took to the podium to summarize the main themes.

She gave speeches across the country to audiences large and small, inspiring them to keep fighting for their sisters, brothers, mothers, fathers, and children affected by mental illness.

Today, as people increasingly recognize depression and anxiety in themselves and others, share stories of treatment and therapy, and call for greater public investments to help people living on the streets, it is easy to forget the immense stigma that kept mental illness hidden for decades.

More than anyone in our time, Mrs. Carter brought mental health out of the shadows. She was a tireless champion for people with mental illness, an extraordinary person who leaves an extraordinary legacy for us all. **PN**

An article detailing Mrs. Carter's long relationship with APA and her advocacy work on mental health is posted at https://www.psychiatry.org/News-room/APA-Blogs/Rosalynn-Carter-Mental-Health-Advocate.

Virtual Visits

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entire session and generate notes that the physician can review for accuracy and even a differential diagnosis. So I think that pretty quickly, the way we've thought about the medical record is going to change, and this will relieve physicians from some of this burden."

Holmgren's study was funded by the AMA. **PN**

"Changes in Physician Electronic Health Record Use With the Expansion of Telemedicine" is posted at https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2811095. "The Impact of Telemedicine on Physicians' After-hours Electronic Health Record 'Work Outside Work' During the COVID-19 Pandemic: Retrospective Cohort Study" is posted at https://medinform.jmir.org/2022/7/e34826. "Telehealth in 2020: Survey Data Show Widespread Use Across Most Physician Specialties and for a Variety of Functions" is posted https://www.ama-assn.org/system/files/2020-prp-telehealth.pdf.

AAPI Stereotypes

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"allows them to better relate to health or other messaging."

The toolkit includes startling data points, such as that 84% of Asian Americans say they worry about being the victim of a mass shooting, and more than 20% of Asian Americans say they worry daily or almost daily that they might be threatened or attacked because of their race or ethnicity.

Both Anam and Wong described stereotypes and misrepresentations of the APPI communities in media as dangerous because they prime the public to develop discriminatory views, which in turn leads to acts of violence.

Media misrepresentation also encourages a sense that members of the APPI community do not belong, Wong said. When the COVID-19 pandemic was initially blamed on China, a significant number of Americans immediately began blaming even their Asian American neighbors. "That's because they did not view members of the AAPI community as being Americans or belonging," he explained. "It meant that people like me, a native-born American of Asian descent who has lived here my whole life, were discriminated against."

Further, inaccurate media representations cause the public to see the APPI community as monolithic, rather than the massively diverse group of people that it comprises. "There's a huge heterogeneity within the cultures, social norms, and social determinants of health," Anam pointed out. Yet that diversity is rarely portrayed accurately in the media.

In addition to Wong and Anam, the co-authors of the toolkit include Ingrid Chen, M.D., chief resident at Kaiser Permanente-Oakland; Divya Chhabra, M.D., a clinical assistant professor in New York University's Department of Child Psychiatry; and Nikhita Singhal, M.D., a psychiatry resident at the University of Toronto.

Anam and Wong encourage fellow APA members who are similarly passionate about an issue to also work with APA leaders and staff. "We were very fortunate to be connected with APA's staff because they stewarded us through the development of this toolkit," Anam said. "We worked together as a team." **PN**

"Reporter Toolkit: Recommendations on Covering the AAPI Community" is posted at http://apapsy.ch/AAPI-Toolkit-for-Reporters.

UT Health Austin's Program Supports Student Mental Health

Amplify is an integrated mental health clinic geared toward young adults with mild to moderate mental health needs. **BY NICK ZAGORSKI**

Transitioning to adulthood can be challenging enough without experiencing symptoms of psychiatric disorders.

And while the United States has made great strides in reaching young people with serious mental illness via coordinated care centers, the country is falling short on quality, wraparound treatment options for young adults with mild to moderate mental illness. So said Vanessa Klodnick, Ph.D., L.C.S.W., a research scientist with the Texas Institute for Excellence in Mental Health at the University of Texas at Austin, at this year's Mental Health Services Conference.

Integrated care centers, one-stop shops for the behavioral and physical health needs of young adults, may be the solution. "These centers offer a 'light touch' of care that is focused more on supporting social and personal growth," she told the audience.

One such successful model of integrated care, called headspace, began in Australia in 2016. The program offers mental and physical health services, family programs, and work and study support for youth aged 12 to 25, Since 2016, headspace has grown to include 154 centers across Australia. Similar centers have also been established in Europe and Canada; in 2021, allcove, which is affiliated with Stanford University, began opening sites in California. In January 2023, UT Health Austin, in collaboration with Austin Community College, opened the Amplify Center.

ACC/Catalin Abagiu

Calming colors and patterns adorn the interior of the Amplify Center for young adults, creating a safe and relaxing space "where [students] won't feel judged."

The Amplify Center has some differences from existing models, explained Deborah Cohen, Ph.D., the center's executive director, during the session. Instead of serving youth aged 12 to 25 years, Amplify focuses on young adults aged 18 to 29, she said.

The center is located on the campus at Austin Community College, which Cohen noted enrolls a large minority young adult population. Currently in a pilot stage, the program is open only to students at the school (The college offered a free two-year lease for the program in exchange for the center serving its students during the pilot phase.)

The center offers a range of services including individual and group counseling, peer support services, education and employment services, and help navigating other areas of health care; limited on-site psychiatric consultations are also available.

The center is "a place where [students] won't feel judged and are comfortable sharing," Klodnick said.

Interested students fill out a screening form, which Cohen stressed was not part of their electronic health record. The form is reviewed by staff who then divide the applicants into one of three groups: those with severe psychiatric symptoms are referred for specialty care, while those experiencing mild symptoms are transferred to campus counseling. "Amplify takes the 'missing middle'—the group who report high levels of distress but do not quite meet diagnostic criteria of illness," Cohen said.

Cohen told the audience that through July 2023, 63 students have been screened at Amplify and 50 have started receiving services; by last summer Amplify had to put students on a wait list to not overburden the small staff of five.

Preliminary data from the 50 students seen at Amplify are promising. Sixty days after entering the program, average scores on the 10-item Clinical Outcomes in Routine Evaluation scale (a common tool to assess psychological distress) dropped by 32%.

Looking forward, Cohen said Amplify hopes to secure additional funding sources to add more staff, including a care manager to help students with scheduling primary care or mental health appointments. They are also looking at possibly expanding access to 18- and 19-year-olds who are not students at the college, but live in east Austin. **PN**

More information on the UT Health Amplify Center is available at http://apapsy.ch/Amplify-Center.

Crisis Systems

continued from page 7

patients to not be in jail, to not be in an emergency room, and to not be locked up in the hospital. If you're paying for those things, you want the same. It's a lot less expensive to be doing well in the community than it is to be in jails, emergency rooms, and hospitals."

She talked about the need for accountability within each behavioral crisis system. Each system will likely have its own version of an accountability entity, whether that's a regional behavioral health authority, a county department, or some other quasi-governmental agency. "Whatever that accountability entity is, there is going to be need for medical leadership," she said. Some communities are creating medical director positions, and psychiatrists can even reach out and prompt their communities to create those positions.

Shaw noted several grant programs offered by SAMHSA that communities can use to build out their crisis services. For example, from December 2022 to March 2023, more than 2,000 individuals received mobile crisis services from SAMHSA grantee organizations, which includes 380 confirmed diversions from law enforcement for individuals experiencing a crisis, Shaw said.

The Medical Director Institute of the National Council for Mental Wellbeing created a brief in 2021 titled "Psychiatric Leadership in Crisis Systems: The Role of the Crisis Services Medical Director." The brief states that, just as emergency medical services are expected to have physician leadership, so too should mental health and substance use crisis systems.

"Populations accessing crisis services typically experience a range of psychiatric symptoms with high acuity, often combined with medical comorbidities, all of which require thorough psychiatric evaluation, medical screening, and triage to promote least-restrictive interventions," the brief states. "With such complexity comes significant risks for negative outcomes. As such, the role of the [crisis services medical director] within the leadership team is essential in systems seeking to deliver high-quality, safe, and person-centered care."

"That's an area of opportunity for us," Balfour said. "If we want to be involved in this once-in-a-lifetime opportunity to design a whole emergency system for mental health, we can step up and be part of that." **PN**

"Roadmap to the Ideal Crisis System" is posted at http://apapsy.ch/Roadmap "Psychiatric Leadership in Crisis Systems" is posted at http://APAPsy.ch/Psychiatric-Leadership-in-Crisis-Systems.

Katie O'Connor

Movement Aims to Reconnect Children With Nature

A growing body of research points to the mental health benefits of providing children with access to green space and the detrimental impact of not doing so. There is now momentum behind putting that research into practice and ensuring equitable access to these spaces. **BY KATIE O'CONNOR**

When Nooshin Razani, M.D., M.P.H., was raising her two small children and working as a fellow in San Francisco, she found that both she and her children felt their best when they were outside. Without extended family nearby and with children with special needs, being outside offered a reprieve from everyday struggles.

Outdoor activities were hugely important for Razani's kids. Yet it did not come without its challenges. "People would stop me in the park if my kids were barefoot because they were worried about them stepping on something dangerous, but my kids needed to be barefoot," she said. They were even stopped while trying to walk on uneven terrain or down steep hills. "Climbing trees was completely avant-garde," she said.

Razani is a pediatrician and the founder and director of the Center for Nature and Health at the University of California, San Francisco (UCSF). After her experiences with her own children, she launched a program that aims to reconnect children with the natural world through research and practical implementation.

A movement to better understand the impact that access to green space has on mental health has been growing for decades (*Psychiatric News*, https://psychnews.psychiatryonline.org/doi/10.1176/appi.pn.2023.11.11.17). Among adults, research has linked green space with a reduced risk of a host of illnesses, such as depression and dementia (*Psychiatric News*, https://psychnews.psychiatryonline.org/doi/10.1176/appi.pn.2023.12.12.6). Razani argued that physicians who work with youth are uniquely placed to advocate for access to nature as a clinical intervention.

Noah Berger, UCSF

Nooshin Razani, M.D., M.P.H., is photographed with her son during one of the events held by the SHINE program, which aims to facilitate access to nature for youth through prescriptions from their clinicians.

"We focus a lot on prevention," she said. "We also recommend very soft things in a hard way. For example, ample evidence points to the importance of strong attachment between a child and an adult. As clinicians, we talk about the concept of love and developing caring relationships within families all the time. For me, nature is our family. We have a right to establish relationships with nature in individual ways. It is a very evidence-based recommendation, but we don't have to dictate how it happens."

Disadvantaged Youth May Especially Benefit From Nature Access

A growing body of research investigates how children's exposure to green space impacts the prevalence of different psychiatric disorders. Studies have found decreased rates of depression, anxiety, and attention-deficit/hyperactivity disorder when kids have access to green space, said Joshua Wortzel, M.D., M.Phil., a child and adolescent psychiatrist and chair of APA's Committee on Climate Change and Mental Health.

"These are association studies, and the issue with any association study are the confounding factors," Wortzel said. "Are we seeing these outcomes because kids who live near green spaces come from families who ... have more resources? With more research, though,

see **Green Space** *on page 34*

Broaching Race, Ethnicity Can Build Patients' Trust

While some professionals may be uncomfortable bringing up racial, ethnic, or cultural differences with patients, doing so can significantly improve the therapeutic relationship. **BY KATIE O'CONNOR**

When Norma Day-Vines, Ph.D., asked one of her patients about his experiences as a gay, Black man with a strong sense of faith who may not always feel welcome in his church, the patient opened up immediately. "To be honest, that's something I'm still navigating," he told her. He eventually explained that maintaining a strong spiritual connection has been helpful to him, as well as relying on friends who share some of his identities.

Day-Vines shared a recorded video of her conversation with this patient at APA's Mental Health Services Conference as she explained the numerous benefits of broaching racial, ethnic, and cultural differences in psychotherapy. She is a professor of counseling and educational services in the School of Education at Johns Hopkins University and developed the multidimensional model of broaching behaviors.

During the session, Day-Vines was joined by Donna Marie Sudak, M.D., professor and vice chair for education in the Department of Psychiatry at Drexel University College of Medicine, and Mary Beth Cogan, Ed.D., R.N., M.P.H., an assistant professor of psychiatry and behavioral sciences at Johns Hopkins University. In addition to outlining the numerous benefits of broaching, the presenters walked attendees through different aspects of broaching so they can do the same with their own patients.

Open discussion of cultural differences can facilitate the therapeutic alliance, Sudak said. "Broaching is a way of approaching individuals both behaviorally and also with an attitude that creates a safe space for them," Sudak said, adding that broaching extends an invitation to the patient to open up and signals to patients that the therapist is willing to engage with them and their experiences.

Day-Vines pointed out that many people have difficulties broaching topics related to race, ethnicity, and culture. She also noted that culture refers to the multiple domains that make up an individual's identity, including gender, sexual orientation, religion, and immigration status, among other factors.

She described the continuum of broaching behaviors by the therapist, which include the following:

- **Avoidance**: The therapist refuses to raise any topics related to the patient's racial, ethnic, or cultural concerns.

Norma Day-Vines, Ph.D., explained that many people have difficulties broaching topics related to race, ethnicity, and culture, but doing so can vastly improve the therapeutic relationship and help patients open up.

- **Continuing-incongruent**: The therapist makes efforts to broach, but those efforts are awkward and mechanical.

- **Integrated-congruent**: The therapist's efforts to broach are effective, and the therapist can explore issues related to culture in a meaningful and substantive way with the patient.

- **Infusing**: This piece of the continuum likely happens outside of the therapeutic relationship. It occurs when the therapist does much of what the integrated-congruent therapist does but also recognizes the socio-political and socio-cultural concerns of patients and works to eliminate any barriers patients face.

The presentation also focused on the importance of teaching residents how to broach. Cogan shared research she did in which she asked second-year psychiatry residents at Johns Hopkins to take the Broaching Attitudes and

see **Broaching Race** *on page 25*

ON MENTAL HEALTH, PEOPLE, AND PLACES

Disguising War's Misery

BY EZRA E.H. GRIFFITH, M.D.

Military-type children's play was common in my long-ago Caribbean village. We imitated British-style army drills in my parents' yard, parading up and down with a designated leader. He would bring us to a halt, then present us to an officer who would carry out an inspection of our imagined uniforms. We knew somehow that military rank brought status and privilege, so no one wanted to be a private. We solved equity problems by rotating rank among members of the group, using caps from sweet-drink bottles to symbolize rank. We separated the cork from the metal covers and reinstalled them on the sleeve or shoulder of someone's shirt. We placed the round piece of cork on the inside of the cloth and into the cap that was on the outside. That way, everything stayed in place. Sleeve insignia indicated noncommissioned rank.

Ezra E.H. Griffith, M.D., is professor emeritus of psychiatry and African American Studies at Yale University.

Those with shoulder insignia had commissioned officer status, which mandated a salute before being addressed.

Some of us had observed this marching at school among the older boys (and later, girls) who were members of the school's cadet corps. The upperclassmen were dressed in their cadet uniforms of khaki short pants and shirts, canvas belts with brass buckles, and berets. They marched to the cadence established by a corporal or sergeant putting down the "left, right … left, right … left, right, left."

We saw the drills, too, on certain occasions at the Garrison Savannah, that wide open space that was venue for special convocations. Members of the Barbados regiment and other paramilitary groups looked sharp in their crisp uniforms and polished boots. There could not have been even one young boy who did not at these moments dream of being a soldier. Later, I would see this form of military performance in Edinburgh, Scotland, at the famous Royal Military Tattoo. A similar hypnotic event takes place on Bastille Day (July 14) in Paris on the entrancing Champs Elysées when every branch of military and police march in splendor to public adoration. I believe that small and big countries put on these occasional displays to maintain this awe-inspiring connection between citizen and soldier. Military dress carries a message of sophisticated commitment to community citizenship.

I was drafted into the U.S. Army in 1964, a time when many young men contemplated the probability of ending up in South Vietnam in an unpopular war. I was assigned to a small public health unit and headed for Saigon. I was seconded to the Pasteur Institute to participate in research on bubonic plague, identifying rodent vectors carrying the fleas that spread the bacteria. I usually wore civilian clothes, but often traveled in military vehicles and ate lunch in a building designated as a restaurant catering to the military. Vietcong occasionally lobbed grenades at such structures. They also tried to attach explosives to the underside of vehicles. It was a strange sort of life, different from the one led by friends who were seeing action in the countryside. Nevertheless, the unpredictability of attacks in the city, even though less frequent than elsewhere, still provoked an unpleasant and persistent anxiety.

I sat around on evenings in a community bungalow where I lived, listening to music from the Armed Forces radio station, chatting with mates, and

see **Disguising** *on page 29*

PSYCHIATRIC NEWS
Special Report

Positive Psychiatry Shines Light on Patients' Strengths, Wisdom

Social connectedness is a vital positive psychosocial determinant of health, but one that has not until recently received the attention it deserves. In November 2023, the World Health Organization called loneliness a pressing health threat and made addressing it a global priority. **BY DILIP V. JESTE, M.D.**

When physicians see a new patient, the first question they ask is, "What brings you here?" Then come questions about precipitating factors—what physical, psychological, or social events precipitated the illness or the relapse? This is followed by questions about risk factors: Do you smoke, drink, use drugs? Collecting and evaluating such information is an essential part of making a diagnosis.

But how often do we ask patients about the positive aspects of their lives? *"What are your strengths? What do you like about yourself? What things do you enjoy doing? What makes you happy? Who are the people you like to spend time with? What makes them your best friends? What do you think prevented a relapse of your depression during the last five years?"*

These often-unasked questions are essential for understanding the patient as a whole person and for developing therapies in which a patient will want to engage. The best way to promote adherence is to tailor treatment to patients' strengths, not just their impairments.

That is *positive psychiatry,* the science and practice of psychiatry that focuses on the study and promotion of mental health and well-being through enhancement of positive psychosocial factors. This positive focus is consistent with the recently proposed concept of "whole health" outlined in the recent report of the National Academy of Sciences, Engineering, and Medicine, which describes whole health as the physical, behavioral, spiritual, and socioeconomic well-being of individuals, families, and communities. Whole health care is an interprofessional, team-based approach anchored in trusted relationships.

Dilip V. Jeste, M.D., is director of the Global Research Network on Social Determinants of Health and president-elect of the World Federation for Psychotherapy. He is the former senior associate dean for healthy aging and Distinguished Professor of Psychiatry and Neurosciences at the University of California, San Diego, and a former APA president. He is a co-editor of *Loneliness* and *Positive Psychiatry* from APA Publishing. Members may purchase the books at a discount at appi.org.

In the early 20th century, the psychologist/physician William James proposed the construct of a "mind-cure," the purported restorative powers of positive emotions and beliefs. Fifty years later, the mind cure was expanded by Abraham Maslow and colleagues and became what we know as humanistic psychology. Maslow contended that measuring

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and cultivating overall health and creativity was the best approach to improving outcomes in people with mental illnesses. In the late 1990s, Martin Seligman, Ph.D., and colleagues advanced the positive psychology movement, which aims to maximize well-being through increased attention to positive factors.

Positive psychiatry extends a biopsychosocial perspective to wellness in individuals afflicted with mental illnesses. As APA president in 2013, my main task was to oversee the publication of *DSM-5,* certainly one of APA's most valuable contributions to psychiatry. The *DSM* is a catalogue of mental disorders that are present in about 20% of the population—but 100% of people have mental health including some positive traits. Positive psychiatry is an approach to mental health that can speak to everyone with or without a psychiatric disorder.

The following are some elements of positive psychosocial health.

Table 1. Main Differences Between Traditional Psychiatry and Positive Psychiatry

Variable	Traditional Psychiatry	Positive Psychiatry
Targeted patients	Those with mental Illnesses	Those suffering from or at high risk of developing mental or physical illnesses
Assessment focus	Psychopathology	Positive attributes and strengths
Research focus	Risk factors Psycho/neuropathology	Protective factors
Treatment goal	Symptom relief and relapse prevention	Recovery, increased well-being, successful aging, posttraumatic growth
Main treatment	Medications and, generally, short term psychotherapies for symptom relief and relapse prevention	Psychosocial/behavioral (and increasingly, biological) interventions to enhance positive attributes.
Type of Prevention	Tertiary	Primary

Source: Adapted from Dilip V. Jeste, M.D., et al., *The Journal of Clinical Psychiatry,* June 24, 2015.

Resilience

Resilience is a trait or a process that describes the ability to recover from adverse situations and to adapt in the face of adversity, trauma, tragedy, threats, or other sources of major stress. Commonly used measures of resilience include self-report-based scales such as the Connor-Davidson Resilience Scale and the Grit Scale. Considerable work has been published on the biology of resilience including genomics and cellular and molecular mechanisms. Numerous studies have reported resilience to be associated with higher educational attainment, marriage, emotional stability, social connectedness, community integration, and purpose in life, as well as decreases in all-cause mortality and lower rates of depression. In a study of adults with schizophrenia and healthy comparison participants, the current level of resilience appeared to serve a protective role against the negative mental and physical health effects of early-life adversities. In contrast to adults with schizophrenia who had lower levels of resilience, those with higher resilience in adulthood reported significantly fewer negative effects of childhood traumas, and their metabolic biomarker levels were comparable to those of healthy participants. This suggests that resilience could be a buffer against early psychosocial stress in schizophrenia.

"Across the lifespan, wisdom is associated with positive outcomes including better overall physical and mental health, happiness, and lower levels of depression and greater life satisfaction, subjective well-being, and resilience."

Wisdom

Wisdom is a personality trait composed of several specific components: prosocial attitudes and behaviors (empathy and compassion), self-reflection, emotional regulation, acceptance of uncertainty and diversity of perspectives, social advising, rational decision-making, and spirituality. Commonly used self-report-based scales for assessing wisdom with good psychometric properties include the San Diego Wisdom Scale. Across the lifespan, wisdom is associated with positive outcomes including better overall physical and mental health, happiness, and lower levels of depression and greater life satisfaction, subjective well-being, and resilience. A number of cross-sectional studies have reported that older adults score higher than younger adults on several components of wisdom, especially pro-social behaviors, self-reflection, and emotional regulation, and recent clinical and biological studies have reported a strong inverse relationship between loneliness and wisdom, especially its compassion component. These suggest potential use of individual- and societal-level interventions to enhance compassion and other components of wisdom to reduce loneliness and improve well-being.

'Successful Aging' Not an Oxymoron!

Chronological aging is associated with increases in both physical and cognitive ailments. But a wealth of neuroscience research during the past three decades has demonstrated a neurobiological basis for successful aging in active older adults. Contrary to traditional beliefs, neuroplasticity continues into old age (albeit to a lesser degree than in younger individuals), allowing new learning and adaptation in the context of appropriate social and environmental stimulation. Mechanisms underlying plasticity in older adults include neural compensation for age-related decline through the recruitment of additional brain circuits, dendritic arborization, and synapse proliferation; increased vascularity; and a limited degree of subcortical neurogenesis.

Successful aging is seen in some people with serious mental illnesses. Studies have found that relative to their younger counterparts, middle-aged and older adults with schizophrenia tend to have better psychosocial functioning, including better adherence to medications and self-rated mental health, and lower prevalence of substance use and psychotic relapse. Survivor bias is not the primary explanation for this finding, and longitudinal studies show improvement in mental functioning with age. A minority of older persons with schizophrenia experience sustained remission. Reported predictors of sustained remission include psychosocial support, early initiation of treatment, better premorbid functioning, and having a spouse or partner. Two well-known examples of successful aging with schizophrenia are John Nash, a Nobel Laureate, and Elyn Saks, distinguished professor of law and psychiatry at the University of Southern California.

Meaning in life

Meaning or purpose in life is the psychological perception of one's own life and activities, the value and importance attributed to them, and the degree to which they generate a sense of meaning or purpose. Validated instruments to assess meaning in life include the Meaning in Life Questionnaire, which has two components: presence of meaning and search for meaning in life. Multiple research studies have demonstrated a strong link between purpose and better physical, mental, and overall health outcomes across the entire adult lifespan. Meaning in life may also be a protective factor against suicide.

Religiosity and spirituality

Religion is defined as an institutionalized system of beliefs in a superhuman power like a God or gods. Spirituality is usually more personal than institutional, though there can be an overlap

between religiosity and spirituality. The Brief Multidimensional Measure of Religiousness/Spirituality is one of the most comprehensive instruments used in this type of research. According to a 2012 study of schizophrenia and related disorders using semi-structured interviews, published in *The International Journal of Psychiatry in Medicine,* higher levels of religiosity and spirituality were associated with increased hope, purpose, meaning; attenuated psychotic symptoms; more positive social interactions; and lower risk of suicide. A three-year follow-up showed that participants who engaged in healthy religious coping strategies and who valued spirituality experienced lower degrees of negative symptoms and improved interpersonal functioning and quality of life.

Connectedness Is a Social Determinant Of Health

About 25 years ago, the World Health Organization (WHO) and the U.S. Centers for Disease Control and Prevention (CDC) increased their focus on social determinants of health. The commonly listed social factors that are discussed as having a major impact on health and longevity are mostly adversarial, such as poverty, social discrimination, unemployment, food insecurity, unstable housing, and early-life trauma. But there are positive social determinants as well, among which one of the most important is social connectedness.

In a 2010 meta-analysis published in *PLOS Medicine* that included 148 studies (n=308,849), many of which adjusted for confounding factors such as medications and health behaviors, individuals with greater social connectedness had a 50% increased likelihood of survival. This association became even more robust when only those studies were included that used complex assessments of social connectedness, demonstrating a 91% increased likelihood of survival.

Yet social connection has, until recently, been largely ignored as a health determinant. In May 2023, U.S. Surgeon General Vivek Murthy, M.D., declared that loneliness has become a serious health crisis resulting in markedly increased deaths of despair from suicide and opioid abuse as well as physical illnesses. And last November, the WHO made loneliness a global health priority and created the Commission on Social Connection.

Interestingly, historian Fay Alberti, in her 2019 book, *A Biography of Loneliness*, noted that prior to the 18th century, there was no English word for what we conceive of as loneliness today—the word that existed was "oneliness," connoting solitude. Thus, loneliness as we understand it today seems to be a product of modern social and economic conditions.

Impairment or deficit in social connectedness is associated with loneliness and social isolation. Loneliness is defined as subjective distress arising from an imbalance between desired and perceived social relationships. Social isolation refers to the limitation of the size of an individual's social network and/or poor quality of social relationships. These two constructs are often, but not always, correlated. For example, an older adult living alone after the death of the spouse or partner is likely to feel lonely. However, such a person might be highly religious or spiritual and feel closely connected to a higher power and not feel pathologically distressed by being alone. In contrast, a college student living in a dorm with many other students and having lots of Facebook friends may feel very lonely. Loneliness is not merely a mental state but also a neurobiologically based, modestly heritable personality trait.

A 2020 report titled "Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System" from the National Academies of Sciences, Engineering, and Medicine suggests that the effect of low social connectedness in predicting all-cause mortality rate is comparable in magnitude to that of smoking 15 cigarettes daily and greater than consuming six alcoholic drinks a day and mild to moderate obesity. Loneliness and social isolation are major risk factors for Alzheimer's disease, major depression, generalized anxiety disorders, cardiovascular and metabolic diseases, as well as alcohol and drug abuse, suicidality, poor nutrition, and sedentary lifestyle. More Americans die from loneliness-related conditions than from stroke or lung cancer. Loneliness is more common in people with serious mental illnesses than in the general population. According to the report "Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community," loneliness has led to a 33% increase in suicides and a 10-fold increase in the number of opioid-related deaths in the United States since the late 1990s.

Furthermore, there are concerns that social connectedness may continue to erode over time due to a broad spectrum of social changes, such as the rise in the value of individualism, shift in telecommunication methods, rapid evolution of the internet, and especially (and paradoxically) the rapid growth of social media. Arguably, Facebook, Twitter (now labeled X), and Instagram have expanded global communication multifold—but just as arguably, they have markedly worsened the quality of social connections and added to individual and collective distress.

Loneliness is not merely a health problem but

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"More Americans die from loneliness-related conditions than from stroke or lung cancer. Loneliness is more common in people with serious mental illnesses than in the general population."

Table 2. Positive Interventions With Theoretical or Empirical Support For Reducing Suicide Risk

Intervention	Description
Acts of kindness	Patients perform three acts of kindness for others during the day and write about them.
Behavioral commitment to values-based activation	Patients select a life principle (e.g., being healthy) and make a small behavioral step toward this principle (e.g., going for a 10-minute walk).
Best possible self, accomplishments	Patients imagine their future accomplishments and write them down.
Best possible self, social relationships	Patients imagine their most optimal future relationships with others and write them down.
Counting blessings	Patients recall the events for which they are grateful and record them in detail.
Forgiveness letter	Patients recall a hurtful event from the past and write a letter forgiving the individual responsible. This letter is not sent.
Gratitude letter	Patients write a letter to express gratitude to someone who did a kind act for them. Participants decide whether to send the letter.
Gratitude visit	Patients write a letter of gratitude to someone to whom they are grateful and then hand deliver the letter to discuss it with that person.
Important, enjoyable, and meaningful activities	Patients complete an important act (e.g., something for their health) as well as enjoyable meaningful activities alone and with others.
Personal strength	Patients identify their signature strengths, deliberately use them over the next day, and then write about this experience.[a]
Three good things	Patients make a list of three things they are grateful for at the end of every day (or week).

Note. See Huffman et al. 2014 and Seligman et al. 2005 for more information on these positive psychiatry interventions.

[a]See VIA Survey of Character Strengths (VIA Institute on Character 2014) on signature strengths.

Source: Adapted from Acacia Parks, Ph.D., et al., "Positive Psychotherapeutic and Behavioral Interventions" in *Positive Psychiatry*, APA Publishing, 2015.

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also a broader societal issue impacting social functioning, businesses, and governments. There is a high economic toll of loneliness from lost productivity, greater health care usage, and caregiver expenses. The COVID-19 pandemic has shaken the world since March 2020, killing millions of people. Management of COVID-19 has increased the risk for loneliness as the primary public health strategy involves social distancing.

We need a research agenda dedicated to social connectedness and loneliness (see box below).

Several recent cross-sectional as well as longitudinal studies have shown a strong inverse association between loneliness and wisdom, and especially compassion and self-compassion. Moreover, the inverse association is not just clinical and behavioral but also biological, as reflected in research using EEG and gut microbiome. This inverse association suggests that interventions focusing on compassion may lead to stronger social connectedness.

Biomarkers Indicate Positive Traits

Empirical evidence supports links between measures of positive psychiatry and biomarkers for epigenetics, allostatic load, inflammation, and microbiome, although the literature on the impact of these factors in people with serious mental illnesses has been sparse.

Genomics and epigenetics

Genes linked with resilience have varied functions, from HPA-axis activity to neurotransmitter involvement. Serotonin transporter gene polymorphisms have been shown to interact with childhood adversity, affecting the development of anxiety and affective disorders. Genes related to the stress axis may influence cognitive and emotional empathy and, thereby, vulnerability to the psychopathology associated with childhood adversities. Several studies also suggest that the vasopressin receptor genes are associated with pro-social behavior and emotional empathy.

Allostatic load

Allostatic load—the cumulative toll on the body as it adapts to environmental stressors—has important implications for physical diseases. For example, a sustained stress response can precipitate a series of changes that reduce neuroplasticity, resulting in worse cognitive functioning. Indices of allostatic load include systolic and diastolic blood pressure, body mass index, epinephrine, norepinephrine, and cortisol. Studies have shown that social support, optimism, hope, and personal mastery are associated with decreased allostatic load. Conversely, psychosocial stressors such as childhood abuse and neglect as well as poor social connections are associated with increased allostatic load.

Inflammation and immune function

Children and adults with higher perceived self-efficacy, optimism, empathy, spirituality, and engagement in pleasant activities have less systemic inflammation (for example, lower levels of pro-inflammatory cytokines such as interleukin-6 and C-reactive protein). Similarly, high levels of personal mastery may be protective against the inflammatory consequences of chronic stress and exposure to trauma.

Microbiome

Growing evidence supports the functionality of a gut-brain axis with bidirectional communication between gut microbiota and brain through a network of chemical transmitters, neural connections, and immune signals. In a 2021 article in *Frontiers in Psychiatry*, we reported that greater diversity of gut microbiome is associated not only with better physical health but also with higher levels of social engagement, compassion, and wisdom, in contrast to loneliness, which is associated with worse physical health and less diversity of the gut microbiome.

Biology of loneliness

Neurobiological data suggest that when individuals experience social rejection, there is increased activation of their stress response system, as well as brain regions activated by physical pain, such as anterior insula and anterior cingulate cortex. Studies using EEG, structural and functional brain imaging, neurochemistry, neuropathology, and genomics have reported overlapping neurobiological correlates of loneliness and compassion, often in opposite directions. Several brain regions are implicated, including prefrontal and anterior cingulate cortices, the insula, amygdala, and reward circuitry.

"Several recent cross-sectional as well as longitudinal studies have shown a strong inverse association between loneliness and wisdom, and especially compassion and self-compassion."

A Research, Policy, and Clinical Agenda for Social Connection

In late 2022, my colleagues and I published "Social Disconnection as a Global Behavioral Epidemic—A Call to Action About a Major Health Risk Factor" in *JAMA Psychiatry*. Below is a summary of what we believe is essential.

- **Promote health policy initiatives to facilitate positive social connections:** Emerging health policy efforts in different nations have supported interventions to promote social connections at a community level. For example, in the United Kingdom, a core pillar of health care involves "social prescribing" as a means of improving the health of patients who present to their primary care physicians. In this setting, general physicians refer patients to "link workers" who are trained to provide nonmedical services such as support and advice on physical activity, loneliness, social networking, job hunting, housing, and financial hardship. In the United States, the Veterans Health Administration offers a tele-support program called the Compassionate Contact Corps, where clinicians link veterans with a volunteer worker via phone or video calls to bolster social connections.

- **Educate the public and medical community about the importance of social connections:** It would be useful to educate patients and their families about the importance of social and emotional skills beginning in grade school, as well as health professionals in medical/nursing school, residency, and postgraduate education. Such curricula should include assessment and intervention strategies, which seek to enhance positive social connections and thereby promote better health outcomes and reduced mortality risk.

- **Develop and validate measures to assess and monitor social connections in health care settings:** Addressing social disconnection should start with early detection while gathering patient histories in daily practice. Paralleling the practice of primary care–based implementation of brief screening measures to assess problematic alcohol use, health care providers should administer validated but pragmatic scales to assess and monitor levels of social connectedness. Currently, there are no brief standardized measures in the electronic health records that capture the range of social connections. Thus, efforts to develop and validate brief and repeatable versions of commonly used standardized measures of social connectedness such as the Medical Outcomes Study Social Support Scale are needed to improve early detection and monitoring of social disconnection.

- **Evaluate clinical interventions to enhance positive social connections:** For example, peer-outreach interventions have been reported to improve social connectedness and depressive symptoms in different populations and settings. Adequate evaluation of the efficacy and effectiveness of these and other interventions that seek to enhance positive social connections warrants the same level of rigorous methodology that is expected in clinical trials of medications and psychotherapies.

Interventions Can Target Positive Psychological and Social Factors

As discussed above, positive factors have implications for mental, cognitive, and physical health. Positive psychiatry interventions (PPIs) are a broad category of treatments that differ from traditional behavioral interventions in that they focus not on reduction in psychiatric symptoms, but on enhancement of well-being and happiness. Overall, the published studies have reported small- to medium-sized effects of PPIs on well-being in adults including older adults. The following is a summary of major categories of these interventions.

Resilience intervention studies

Studies using valid measures of resilience have reported positive outcomes with small to medium effect sizes. A group-based intervention aimed at increasing positive emotions demonstrated a significant increase in resilience. Another six-session group resilience intervention for older adults with chronic illnesses (heart conditions, diabetes, and arthritis) involving shared lived experiences, relaxation techniques, management of stress, and coping strategies produced a significant increase in perceived resilience.

Mind-body interventions

Mindfulness interventions have been reported to improve the body's physiological response to stress by promoting acceptance and nonreactivity toward potential stressors, thus facilitating constructive reframing. Brain imaging studies suggest that mindfulness enhances neurocircuitry associated with increased empathy and emotional processing. While there has been a concern about the possibility of meditation leading to symptom exacerbation (and even an acute psychotic episode) in people with schizophrenia, a recent meta-analysis of 13 studies showed moderate positive effects of mindfulness interventions on negative symptoms in schizophrenia.

Similar to mindfulness, yoga-based treatments have been reported to have a positive impact on self-regulation and psychological resilience. A 2013 systematic review and meta-analysis published in *BMC Psychiatry* on the impact of yoga on clinical outcomes in people with schizophrenia found moderate effect sizes for quality of life, but yoga interventions did not outperform an exercise treatment. Another systematic review of yoga therapy as an adjunct to conventional psychological treatments reported lower psychotic symptomatology and improved quality of life compared with exercise interventions and to wait-list.

Wisdom interventions

A meta-analysis of interventions that targeted specific components of wisdom identified 57 randomized, controlled trials: 29 focused on prosocial behaviors, 13 on emotional regulation, and 15 on spirituality. There was considerable heterogeneity of populations targeted, scales used, and intervention characteristics. The results showed that 47% of the trials had positive impact with medium to large effect sizes. For example, participants in a high-intensity, eight-session, group-based self-compassion intervention and another self-help intervention with self-compassion lessons and email guidance demonstrated improved self-compassion and well-being compared with the control group. Five spirituality interventions also demonstrated significant improvements in spirituality.

Meaning in life interventions

Interventions aiming to enhance meaning in life among patients with advanced diseases, with two to eight sessions of 30 to 90 minutes each, found a medium to large effect size for pooled positive outcomes of meaning of life, spiritual well-being, quality of life, anxiety, and physical symptoms. Life review interventions, which are individual or group storytelling interventions with a focus on integrating life stories through different phases in life, had a medium to large effect size on subjective well-being and depressive symptoms in older adults, including some with dementia.

A therapeutic approach that is related to but distinct from mindfulness and yoga is focused compassion training. Self-compassion meditation training has been reported to reduce anxiety and improve physiological responses to social stressors. Compassion mediation has been shown to decrease social stress-induced inflammation. Increased spirituality is also associated with improved depressive symptoms; decreased risk for mental illness; and increased purpose in life, gratitude, and posttraumatic growth.

Recent research suggests an important role for psychotherapies to promote the well-being and overall health of individuals with psychiatric disorders through a focus on social determinants of mental health. For instance, a 2021 report in *Molecular Psychiatry* found epigenetic changes with trauma-focused psychotherapy that can potentially reverse the adverse genomic effects of early-life trauma.

Positive psychiatry has the potential to revolutionize the assessment and treatment of people suffering from mental illnesses. There already exists a wide array of psychometrically sound instruments to measure the core facets of positive psychiatry. Researchers have assessed resilience, wisdom, meaning in life, optimism, religiosity, spirituality, and social connectedness, and this literature suggests that these positive factors serve as protective factors against the negative effects of illness on health and well-being. We look forward to the continued development of positive psychiatry and its integration into the field of psychiatry and even medicine as a whole. **PN**

"Recent research suggests an important role for psychotherapies to promote the well-being and overall health of individuals with psychiatric disorders through a focus on social determinants of mental health."

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Award Winner Describes Efforts to Improve Cognition In People With Bipolar Disorder

At the 2023 BBRF Mental Health Research Symposium, Roger McIntyre, M.D., outlined how obesity poses more than physical health risks to people with bipolar disorder or other mood problems. **BY NICK ZAGORSKI**

About 30 years ago, Roger McIntyre, M.D., then a newly minted psychiatrist, noticed something about his patients with bipolar disorder that would change the arc of his career: Patients who were overweight were more likely to have cognitive deficits than those who were not overweight.

McIntyre became focused on uncovering the relationship between weight and cognition in patients with bipolar disorder. His efforts have helped psychiatrists to better understand how metabolism and cognition are intertwined and earned McIntyre the 2023 Colvin Prize for Outstanding Achievement in Mood Disorders Research from the Brain & Behavior Research Foundation (BBRF).

McIntyre, who is a professor of psychiatry and pharmacology at the University of Toronto, delivered a presentation on some of his work as part of BBRF's Mental Health Research Symposium in New York. This annual event recognizes the work of exceptional psychiatric researchers (see box).

During his presentation, McIntyre noted that the relationship between weight and cognition in patients with bipolar disorder seems to manifest early.

He described a study in which he teamed up with a group of researchers in China to examine the cognitive performance of youth who had at least one parent with bipolar disorder but no bipolar diagnosis themselves. (These youth are considered to be high risk for the disorder.) They found that youth with higher body mass . index (BMI) performed worse on attention, working memory, and other cognitive tests. The negative impact of BMI on cognition was even more pronounced in youth who exhibited some mood symptoms.

Brain imaging data collected by McIntyre and others also revealed that individuals with bipolar disorder and those with obesity share similar dysfunction in brain activity related to cognition and reward processing. Importantly, in individuals with obesity and bipolar disorder, these shared deficits are additive and lead to even more cognitive problems.

Insulin May Be the Key

McIntyre noted that about 50% of people with bipolar disorder have comorbid diabetes or pre-diabetes.

"Insulin has a neuroprotective role in the brain," he said, adding that insulin resistance has been linked with accumulation of Alzheimer's-related amyloid proteins. In addition, insulin can also inhibit the enzyme monoamine oxidase—the same enzyme targeted by antidepressants known as monoamine oxidase inhibitors (MAOIs).

For a long time, measuring insulin signaling in the brain was challenging. In 2021, McIntyre's colleague at the University of Toronto, Rodrigo Mansur, M.D., led a study that managed to isolate brain-derived vesicles from the blood of patients with bipolar disorder. The researchers found evidence to suggest that individuals with cognitive problems had insulin resistance that spread to the brain.

"So how do we slow this process down?" McIntyre asked. Fortunately, the same approaches that target diabetes and insulin resistance in the rest of the body may improve psychiatric symptoms, he said. A 2012 study by McIntyre suggested that intranasal insulin therapy was associated with executive function improvements in people with bipolar disorder, for example. Another study published in 2022 found metformin could lead some people with bipolar disorder to convert from an insulin-resistant to insulin-sensitive state, and those who converted showed significant improvements in depressive symptoms after six months.

McIntyre noted that he's keeping close watch on the new weight loss drugs called GLP-1 agonists (Ozempic and related medications).

"There is evidence that GLP-1 agonists have direct effects on the brain, including an ability to restore dopamine imbalance."

"What if these agents are psychiatric drugs that are masquerading as weight loss drugs?" McIntyre said.

He noted that his group in Toronto has just launched a clinical trial testing Ozempic as an adjunct medication for the treatment of cognitive problems in people with major depression. And he's not alone; he said that organizations in both the private and public sectors are looking at repurposing these diabetes medications.

"When I sat with my first bipolar patient, no one was talking about psychiatry and metabolism, but the field has now taken off," McIntyre said. "I really think this will soon open up a new section on the drop-down menu of therapeutics for people living with depression or bipolar disorder." **PN**

More information on the 2023 BBRF International Mental Health Research Symposium along with videos of all scientific presentations is posted at http://apapsy.ch/bbrf-2023.

Chad David Kraus

Insulin has shown some neuroprotective effects in the brain, which may explain why obesity and insulin resistance can increase cognitive problems in people with bipolar disorder, said Roger McIntyre, M.D., during his BBRF presentation.

BBRF Recognizes Recipients of 2023 Outstanding Achievement Prizes

- Lieber Prize for Outstanding Achievement in Schizophrenia Research: Philip D. Harvey, Ph.D., University of Miami.
- Maltz Prize for Innovative and Promising Schizophrenia Research: Amy E. Pinkham, Ph.D., The University of Texas at Dallas.
- Colvin Prize for Outstanding Achievement in Mood Disorders Research: Roger McIntyre, M.D., University of Toronto.
- Ruane Prize for Outstanding Achievement in Child & Adolescent Psychiatric Research: Katie McLaughlin, Ph.D., University of Oregon.
- Goldman-Rakic Prize for Outstanding Achievement in Cognitive Neuroscience Research: Elizabeth A. Phelps, Ph.D., Harvard University.

Metformin May Reduce Weight Gain in Youth Taking Antipsychotics

Though weight benefits associated with taking metformin for six months were modest, youth taking the medication reported greater improvements in body satisfaction and hunger control. **BY NICK ZAGORSKI**

Many children and adolescents with bipolar disorder or related mood problems who take antipsychotics to treat manic and/or depressive symptoms experience significant weight gain and other metabolic side effects. The diabetes medication metformin can help mitigate some weight gain in these youth, according to data presented at the American Academy of Child and Adolescent Psychiatry Annual Meeting last October.

"Middle school and high school are hard enough for body image," said Christina Klein, Ph.D., a research scientist at the University of Cincinnati (UC) College of Medicine and one of the investigators on this clinical trial. The onset of rapid weight gain only exacerbates feelings of unhappiness or embarrassment, and it can lead many youth to forego taking their medication, she said. "Our goal should be to treat the whole person, and not just their bipolar symptoms."

In 2015, the Patient-Centered Outcomes Research Institute (PCORI) funded a trial to compare weight and metabolic outcomes in youth taking antipsychotics who took metformin and participated in a program encouraging healthy eating and physical activity with those participating in a program encouraging healthy eating and physical activity only. Metformin is a well-tolerated drug that is known to have some weight-loss benefits in addition to managing blood sugar levels. The metformin dose started at 500 mg daily and was titrated up to 1500 mg or 2000 mg (depending on the participants' weight) over eight weeks.

The trial, called MOBILITY, was led by Klein's colleague Melissa DelBello, M.D., the Dr. Stanley and Mickey Kaplan Endowed Chair & Professor of Psychiatry at UC College of Medicine.

PCORI requires projects it funds to enroll participants that reflect the broader population. For the MOBILITY trial, the researchers recruited 1,565 youth aged 8 to 19 years from 64 clinical locations over a period of seven years. The locations included community-based mental health centers and academic health centers located in California, Kentucky, Maryland, Massachusetts, Minnesota, New Jersey, New York, Ohio, Pennsylvania, and Texas. Youth who had been diagnosed with bipolar spectrum disorders, disruptive mood dysregulation disorder, or mood disorder not otherwise specified and were taking a second-generation antipsychotic were enrolled in the trial.

Enrolling this number of youth was "a Herculean task," said MOBILITY co-investigator Victor Fornari, M.D., a professor of psychiatry and pediatrics at the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell in Hempstead, N.Y. "And then on top of everything, the pandemic happened."

Nick Zagorski

MOBILITY co-investigator Victor Fornari, M.D., explained that metformin is a generally low-risk medication that may help youth taking antipsychotics.

The primary outcome of the MOBILITY study, as presented at the meeting, was weight and metabolic changes in the participants after six months of intervention. However, the youth were followed for up to two years to assess long-term metabolic impacts.

At baseline, the average body mass index (BMI) of the participants was 29.2, with 68% of participants categorized as obese and 32% as overweight. One-third of the participants who had complete laboratory results available met the criteria for metabolic syndrome (the presence of at least three of the following risk factors: obesity, high blood pressure, elevated blood sugar, elevated triglycerides, and low HDL cholesterol).

Over 60% of the youth reported that they were unhappy or extremely unhappy about their weight at baseline, and over 50% reported being continually reminded or teased about their weight.

After six months, changes in BMI were modest, explained Jeffrey Welge, Ph.D., a professor of psychiatry at UC College of Medicine and lead statistician for the trial. He noted that average BMI-Z scores (a measure of patients' BMI relative to the average of their age and sex, with 0 being the 50th percentile) of the youth who took metformin dropped from 1.90 to 1.81, whereas BMI-Z scores remained constant in the group who participated in the lifestyle program. Welge explained that this equates to metformin being associated with an average of 3 pounds lost or not gained.

Overall, around 51% of youth taking metformin were found to have lower BMI after six months, compared with 38% of those in the lifestyle group. Welge said this corresponds to a number needed to treat of 7 (for every 7 youth who add metformin to a lifestyle intervention, 1 will lose weight).

There were no significant differences in metabolic parameters between the two groups, with the exception of a 2.5 mg/dL increase in HDL cholesterol levels in the metformin group.

Youth taking metformin reported greater improvements in body satisfaction and hunger control than youth in the lifestyle-only group.

Welge noted that metformin was well tolerated, and most side effects were known gastrointestinal issues of this medication, such as nausea, diarrhea, and stomach cramps. He added that only about half of the participants reached the target metformin threshold of 1500 mg daily, which may have contributed to the modest weight loss findings.

DelBello added that the long-term data collection of the trial had wrapped up shortly before the AACAP meeting. A preliminary look at the data suggested that youth taking metformin were not at greater risk of long-term health concerns, such as abnormal vitamin B12 levels, which has been observed in some elderly people taking metformin.

Metformin is "not a magic pill," Fornari told the audience. "But for many youth taking antipsychotics, this medication can mitigate their weight gain, and it comes with low risk."

DelBello said that metformin could even be considered as a preventive measure. "I see no reason why you couldn't start a patient on an antipsychotic and metformin together if someone expresses concerns about weight gain or is at the upper range of normal weight," she said.

Additional studies are needed to determine if prescribing metformin to youth earlier on in the course of taking antipsychotics might lead to greater benefits and if youth taking antipsychotics for other conditions may also benefit from the medication. **PN**

Key Points

The MOBILITY Trial examined the benefits of providing metformin (target range 1500-2000 mg daily) to youth taking antipsychotics for bipolar disorder or related mood problems. The trial enrolled 1,565 youth aged 8 to 19 from across the country who received metformin in combination with a healthy lifestyle program or the healthy lifestyle program alone.

- Overall, youth taking metformin showed a difference of about 3 pounds lost or not gained compared with those participating in the lifestyle program only.
- Fifty-one percent of youth taking metformin had lower BMI after six months, compared with 38% of those in the lifestyle group.
- Metformin was well tolerated; the most common side effects were nausea, diarrhea, and stomach cramps, which mostly occurred at the start of treatment.

Bottom Line: Though weight differences between the two groups were modest, mitigating antipsychotic-associated weight gain helps children and adolescents with bipolar disorder and related mood disorders.

How to Incorporate Informed Consent In Gender-Affirming Care

At APA's Mental Health Services Conference, experts described the importance of bringing the informed consent model to gender-affirming care, both to best support patients and families and to limit gatekeeping for surgical interventions. **BY KATIE O'CONNOR**

Patients in the gender diverse community often face significant mental health disparities, with higher rates of depression, anxiety, and suicide attempts. With this in mind, and considering the often immense barriers to care these patients face, experts at APA's Mental Health Services Conference urged attendees to use the informed consent model, the gold standard for most interventions, when working with these patients.

The informed consent model balances patient autonomy with the principles of beneficence and nonmaleficence to enable patients to make medical decisions based on accurate information in a developmentally appropriate manner.

Many surgeons and insurance companies still require letters of support from mental health professionals before patients can access gender-affirming surgeries. This places psychiatrists in the potential role of gatekeeper, forcing patients to see them only to confirm their gender identity so they can access gender-affirming care, explained Hyun-Hee Kim, M.D. The underlying principle of the informed consent model, however, is autonomy.

"Given the individual, deeply personal nature of gender, because it so uniquely pertains to personal identity, this is the model that makes sense for me as a clinician to be centered in," said Kim, a child and adolescent psychiatrist at Massachusetts General Hospital. The model involves walking the patients through the information they need to understand and the impacts of the gender-affirming surgery and then making adjustments to the explanation based on each individual patient's needs.

Further, Kim outlined the companionship model, which expands on the informed consent model. The companionship model acknowledges the historical and ongoing harm done by gatekeeping and makes it an explicit part of the letter-writing session. Because it focuses on the patient's goals and overcoming barriers to accessing care, Kim argued that the companionship model is much better to meet the actual needs of patients and families.

Kit Rainboth, M.S.W., L.I.C.S.W., is a clinical social worker on Massachusetts General Hospital's Transgender Health Program team. Rainboth spoke about the importance of speaking with patients about the systemic inequalities that gender diverse individuals face, as well as political efforts to limit access to care. "This can be a conversation we have with patients," they said. "We can ask them: Have you thought about how the system really impacts your health?"

Nester Noyola, M.A., a clinical fellow in psychology at Massachusetts General Hospital who provides gender-affirming psychotherapy to gender diverse youth, emphasized that gender diverse teens and their families may have very different needs that the mental health professional must take into consideration.

"A useful way of proceeding when there's dissonance between youth and their families is focusing on promoting what we call shared decision-making," Noyola said. Shared decision-making fosters communication and also allows adequate time for all those involved to process the new information and make well-informed decisions.

"The issue here is that as providers, we must balance the duty to protect patients from harm, along with respect for parents' authority and adolescents' autonomy," Noyola continued. He noted that teens' emerging autonomy must also be understood from a developmental perspective.

Aude Henin, Ph.D., co-director of the Child Cognitive Behavioral Therapy Program at Massachusetts General Hospital, pointed out that, when working with children, employing the informed-consent model means working with the entire family.

Henin explained that parents and children are often in very different stages when the child comes out to the parent. The child may be immediately ready to start seeking gender-affirming interventions, while the parents need more time.

But research has shown that parents may have positive responses to their child's gender identity over time. Henin cited a 2021 study published in the *Journal of Homosexuality* that surveyed parents when their children came out as transgender and then again one year later. They found that the percentage of

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VIEWPOINTS

'Excited Delirium' Reflects System of Control, Not Care for MH Crises

BY KYLE LANE-MCKINLEY, M.P.H., M.F.A., AND JUSTIN HOGG

Last October, Gov. Gavin Newsom signed legislation that made California the first state to ban the use of the term "excited delirium" as a cause of death.

The law, which prohibits reference to the controversial term on death certificates and autopsy reports and in civil litigation, builds on prior momentum in moving away from the use of "excited delirium." In March last year, the National Association of Medical Examiners (NAME) approved a position statement asserting that NAME does not endorse the terms "excited delirium" and "excited delirium syndrome" as a cause of death.

In 2020, APA approved a position statement asserting that "[t]he term 'excited delirium' is too non-specific to meaningfully describe and convey information about a person. 'Excited delirium' should not be used until a clear set of diagnostic criteria are validated." And the following year the AMA House of Delegates approved a resolution stating that "current evidence does not support 'excited delirium' or 'excited delirium syndrome' as a medical diagnosis, and [the AMA] opposes the use of the terms until a clear set of diagnostic criteria are validated."

Taking seriously the critique of "excited delirium" put forth by these groups means moving past semantic debates and embracing changes in how medical and law enforcement professionals respond to, and care for, individuals who are experiencing crisis.

"Excited delirium" is a contested term that has been used to describe individuals who exhibit extreme or bizarre behavior, typically in conjunction with the use of narcotics. A large percentage of cases labeled as "excited delirium" result in death, with mortality rates between 8.3% and 16.5% depending on setting and context. Forensic pathologist Charles Wetli, M.D., invented the term in 1985, theorizing that a series of deaths of Black female sex workers were the result of spontaneous lethal reactions to cocaine and sex and that the deaths of men who appeared to have used cocaine prior to fatal encounters with law enforcement were the result of a comparable spontaneous reaction. Although a serial killer was eventually convicted for the deaths of the women, Wetli did not abandon the term.

In the ensuing 38 years, "excited delirium" has frequently been used by law enforcement officers to refer to highly agitated individuals, by coroners or medical examiners as an official cause of death, and by some medical professionals in emergency room settings. There are few explicit definitions for "excited delirium," and it is used differently in different settings. As a cause of death, the term has come under closer scrutiny because a disproportionate number of the people to whom "excited delirium" is attributed are Black men who died during or following interactions with police; attributing deaths to "excited delirium" can sometimes mean that the incident is not classified as a homicide and is therefore not investigated. The possibility that "excited delirium" may obscure police responsibility for deaths has greatly concerned surviving family members and medical professionals alike.

Psychiatrists Can Help Clarify Debate

The new California law and the guidance from NAME to cease using "excited delirium" as a cause of death are welcome news for advocates who have seen little meaningful policy reform, despite growing public awareness of the racist history of "excited delirium" following the deaths of Elijah

Kyle Lane-McKinley, M.P.H., M.F.A., is a program manager in the Department of Psychiatry and Behavioral Sciences at Stanford University and is pursuing a master's in public health at San José State University. His research and scholarship focus on uses of the arts and creative practices to advance health equity and the role of community stakeholders in sustaining public trust in science. Justin Hogg is a research professional in Stanford's Department of Psychiatry and Behavioral Sciences.

Katie O'Connor

The informed consent model can be helpful when working with families of gender diverse youth, explained Kit Rainboth, M.S.W., L.I.C.S.W. Educating families at their own pace can combat widely available misinformation.

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mothers and fathers who had positive responses to their children's gender identity increased for both transfeminine and transmasculine youth. The authors noted that greater parental support was associated with less parental abuse and depressive symptoms among youth.

Ideally, mental health professionals can guide parents as they become more accepting. Parents often cite lack of knowledge or awareness and fear as the two biggest factors that get in the way of supporting gender-affirming interventions. "That tells us what we can target with interventions," Henin said. **PN**

"Parental Responses to Transgender and Gender Nonconforming Youth: Associations With Parent Support, Parental Abuse, and Youths' Psychological Adjustment" is posted at https://pubmed.ncbi.nlm.nih.gov/31774377.

Broaching Race

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Behavior Survey, developed by Day-Vines and colleagues. The survey assesses respondents' attitudes toward having explicit discussions about race, ethnicity, and culture with patients, placing them on the continuum described above.

"Our results were very promising," Cogan said, noting that most of the residents were not avoidant. "That told us that they were very much open to having conversations about these issues."

Further, Cogan conducted interviews with residents, during which she spoke with them about what they hoped to learn more about related to broaching. "The residents really felt they needed to know more about history, both their local history and the history of psychiatry and how [these histories are] impacting their patients," Cogan said. They also wanted to know more about group-specific content, such as the specific needs of their LGBTQ patients or patients from a specific minority group. In their clinical work, they wanted to see a lot of patients and to integrate racial, ethnic, and cultural factors into their clinical rounds.

Sudak noted that during the second year of residency, many residents are working on improving their abilities to relate to patients, rather than focusing solely on gathering information. "Obviously, these are anxiety-provoking conversations for all of us, and when you also want to do a good job and you're nervous about your performance, the stakes are much higher," she said. But educating residents specifically about broaching tactics will not only improve their relationship with their patients, but also make them better supervisors later in their careers, she said.

Day-Vines shared a story of working with a student who was a 25-year-old White woman. The student was conducting psychotherapy sessions with a 19-year-old African American patient. Day-Vines urged the student to ask the patient about race; the student was resistant, but eventually did so.

The next semester, the student told her class that broaching the topic of race with the patient was hugely helpful. "She told the class, 'I realized that I was the one who was uncomfortable having the conversation,' " and added that the patient was ready to have the conversation, Day-Vines said. "To me, that was confirmation that helping students have these conversations with patients is really important." **PN**

"The Multidimensional Model of Broaching Behavior" is posted at http://APAPsy.ch/Broaching-Behavior-Model. "The Broaching Attitudes and Behavior Survey (BABS): An Exploratory Assessment of Its Dimensionality" is posted at http://APAPsy.ch/Broaching-Behavior-Survey.

McClain and George Floyd.

In personal correspondence with the authors of this article, Altaf Saadi, M.D., an assistant professor of neurology at Harvard Medical School and an "asylum evaluator" with Physicians for Human Rights, said that "medical associations and professionals should reject not only the term 'excited delirium,' but the concept as a whole." From Saadi's perspective, abandoning the term is the first step, but it must be followed by "investment in alternative models of crisis response … utilizing law enforcement as a last resort."

Mental health professionals have an important role to play in this debate because proponents of the term attribute the "condition" to some combination of neurological and psychological factors. While *DSM-V-TR* does recognize several forms of delirium as a condition with distinct criteria, APA is clear in its position statement that those criteria do not match the symptoms attributed to individuals who have been described as suffering from "excited delirium."

However, some disagreement persists. The American College of Emergency Physicians used the term "excited delirium" in the past but replaced it with "hyperactive delirium with severe agitation" in a 2021 report. The International Association of Chiefs of Police recognizes "excited delirium" as a medical emergency with real clinical concerns. And the Minneapolis Police Department, in defense of its officers in the federal trial for the death of George Floyd, stated that its officers were simply following training videos on how to deal with individuals displaying characteristics of "excited delirium." The department has recently dropped the terminology "excited delirium" from its curriculum, replacing it with "severe agitation with confusion."

Better data are needed on the circumstances in which the term "excited delirium" is applied to individuals and the outcome of those events. In its position statement, APA called for just such a data-tracking effort and an analysis of any disparate impacts on Black communities, people living with mental illness, and other structurally marginalized populations. Unfortunately, the effort to collect needed data related to "excited delirium" is undermined by the lack of coherent systems for tracking officer-involved deaths.

We Need Caring, Not Control

Ultimately, the term "excited delirium" is symptomatic of a system that confronts people who are in crisis with commands for control, rather than compassion and care. What is needed are alternatives to policing when individuals are experiencing psychological or behavioral health crises. In 1989 Eugene, Ore., launched CAHOOTS (Crisis Assistance Helping Out On The Streets), an innovative community-based public safety system to provide a mental health–first response for crises involving mental illness, homelessness, and addiction. The program has been replicated in Arizona and Colorado. Local efforts in every area of the nation would benefit from involvement by psychiatrists and mental health professionals.

APA and many other organizations support the creation of such systems of care for those in crisis, particularly as part of the planned expansion of 988 crisis services.

The one-time investments from the 2021 American Rescue Plan, which includes billions of dollars for mental health and substance use disorder services, are an important down payment in funding the sorts of services needed, but will require additional, and continuous, investments by federal, state, and local governments. The Biden Mental Health Plan seeks to build more behavioral health clinics across communities to offer 24/7 care for people in mental health and drug crises. Lawmakers need to hear from mental health professionals about the importance of these investments and specifically need to understand that such services are crucial to supporting patients recovering from crisis. **PN**

APA's position statement "Concerns About Use of the Term 'Excited Delirium' and Appropriate Management in Out-of-Hospital Contexts" is posted at http://apapsy.ch/position-excited-delirium. The position statement on excited delirium by the National Association of Medical Examiners is posted at http://apapsy.ch/NAME-position-statement. The statement by Physicians for Human Rights about excited delirium is posted at https://phr.org/our-work/resources/excited-delirium/. The 2021 report by the American College of Emergency Physicians is posted at http://apapsy.ch/ACEP-hyperactive-delirium. The statement by the International Association of Chiefs of Police is posted at http://apapsy.ch/IACP-excited-delirium. Information about CAHOOTS is posted at https://whitebirdclinic.org/what-is-cahoots/.

Teen 'Social Media–Induced Illness' Requires Careful Workups

It may be tempting to dismiss the sometimes flamboyant symptoms of "mass social media-induced illness," but doing a full workup and learning about the teen's life and relationships can offer insight and a path to wellness. **BY LINDA M. RICHMOND**

Psychiatrists are seeing increasing numbers of youth who have diagnosed themselves with dissociative identity disorder (DID) and other serious mental illnesses, but experts caution against the danger of oversimplifying such cases.

The TikTok hashtag #Dissociative Identity Disorder had amassed 1.7 billion clicks as of December 15, 2023. Teens with similar complaints seem to follow the social media videos in waves, explained child and adolescent psychiatrist David C. Rettew, M.D., medical director at Lane County Behavioral Health in Eugene, Ore.

Some of these cases involve conversion disorder, a social contagion phenomenon marked by unconscious imitative behavior. "This is a variant of mass hysteria," Andrea Giedinghagen, M.D., an assistant professor of psychiatry at Washington University in St. Louis School of Medicine, told *Psychiatric News*. "Now teens can watch someone in Berlin manifesting tics or multiple personalities, and hundreds of other followers across the globe can start to manifest those symptoms." A diagnosis might provide a sense of belonging and allow teens to fit in, she added.

Other popular teen self-diagnoses du jour include autism spectrum, attention-deficit, and bipolar disorders. The phenomenon has been dubbed mass social media–induced illness (MSMI) or even Munchausen's by Internet, Giedinghagen wrote in an article for *Clinical Child Psychology and Psychiatry* in April 2022. Studies reveal that girls are particularly prone to these disorders, and there is an association with borderline personality and dysthymia.

A DID diagnosis may be particularly attractive to teens because "it's seen as kind of cool. You can be somebody different all the time, and it gives you the freedom to be outrageous or attention getting," Michael Rich, M.D., M.P.H., director of the Digital Wellness Lab and co-director of the Clinic for Interactive Media and Internet Disorders at Boston Children's Hospital, told *Psychiatric News*.

A full workup is still needed: Some youth at his clinic were actually found to be experiencing absence seizures (formerly known as petit mal seizures) triggered by their online activity. "It might have felt like DID to them, but it was actually an epileptic episode," Rich said.

Giedinghagen said some teens arrive at their initial consultation steeped in DID lingo, calling themselves "systems," and frequently switch between wildly different "alters." However, many lack the trauma history characteristic of DID and their symptoms change over time.

Some teens appear to be intentionally feigning symptoms for attention, sympathy, or connection with their peers, known as factitious disorder. "All human beings have a basic need for attention," Giedinghagen said. "If there's no adaptive way to get that need met, you may start using the vocabulary of DID as a way to get that need met."

David C. Rettew, M.D., sees the risk in psychiatric diagnoses that are not fully vetted. "Adolescence is a time of identify formation, and teens may attribute too much of their identity to a psychiatric diagnosis," he said. "These diagnoses can be difficult to remove, and they still carry significant stigma among peers and consequences down the road."

How Self-Diagnosis Goes Awry

Giedinghagen said that she sees many youth who are simply in need of psychoeducation.

"Some kids describe their (normal) hobbies and fidgeting during a boring class, and yet they've latched on to psychiatric terms saying 'I have these special interests, and I'm stimming, clearly I have autism.' … I find myself gently de-diagnosing the teenagers I see in my office at least a few times a month."

Rettew, the author of an article in the *Journal of the American Academy of Child & Adolescent Psychiatry* in October 2023, said it is understandable how teens latch on to these conditions. "All of us can recognize parts of ourselves in some of these diagnoses; we are all on the ADHD or anxiety spectrum somewhere," he said. "Our *DSM* forces us to put an individual into a binary category—either you have a diagnosis or you don't—but that's not the way the brain works. All of these disorders exist dimensionally."

Courtesy Washington University in St. Louis

Andrea Giedinghagen, M.D., said that she sees many youth who are simply in need of psychoeducation. "I find myself gently 'de-diagnosing' the teenagers I see in my office at least a few times a month." For others, trauma, anxiety, or identity confusion are underlying their interest in a particular diagnosis.

Rettew sees several risks of teen self-diagnosing that are not fully vetted. "Adolescence is a time of identify formation, and teens may attribute too much of their identity to a psychiatric diagnosis," he said. "These diagnoses can be difficult to remove, and they still carry significant stigma among peers and consequences down the road, for example when applying for certain jobs as an adult." They might also lead to overtreatment or unnecessary childhood exposure to medications, all of which carry some risk, he added.

"The one upside of this self-diagnosing trend is that more teens are seeking help, even if they don't have DID like they think they do," he said.

Managing Self-Diagnosed Teens

Giedinghagen avoids using questionnaires with these teens. "They're going to know what to check off," she said. Instead she asks them to describe their life, their everyday interactions, and their relationships with peers.

She takes a social media history and brings in parents/caregivers and collateral individuals whenever possible. It can be helpful to watch the illness-related social media content with the teens and point out the inaccuracies, steering them to more factual resources, she advised.

"It's important to keep in mind that this person is coming to you with some sort of pain, with something that is wrong. It may not be what they think it is, … but acknowledging that [pain] and holding that in mind can make it a lot easier to be charitable, open, and helpful," she added. The key to treatment is often identifying and treating the teen's underlying mental health needs, such as trauma, anxiety, or identity confusion, she said.

Rettew said the more complicated a clinical situation appears, the more important it is to stick to the basics:

- Establish good rapport with the patient, be thorough and validate while maintaining some skepticism, and give yourself time to conceptualize.

- Address the elephant in the room—ask teens if they have a specific diagnosis and treatment in mind and what research they did and where.

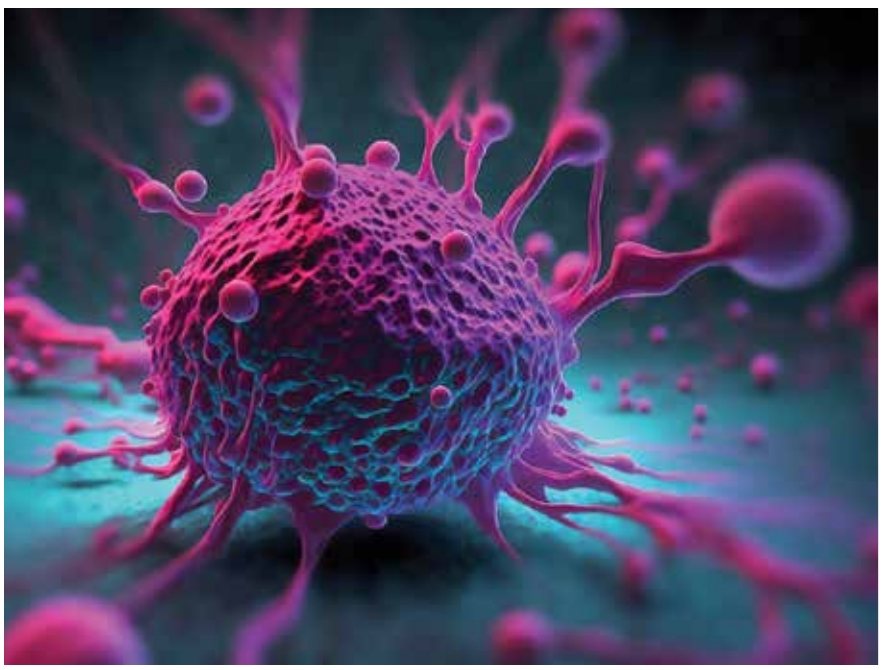
- Reject the tendency to dismiss or deny the patient's narrative. "Science has shown us repeatedly that virtually everything when it comes to mental functioning … comes from a complicated mashup of mutually interacting genetic and environmental factors," Rettew said. "These environmental contributors include things such as peers and media influences, and their presence in the mix should not immediately disqualify someone's history as undeserving."

Sometimes these "trending presentations" are an accurate description of symptoms that the teen has long experienced and suppressed, Rettew said.

"The biggest mistake we make when we have public debates about mental health is assuming that everybody is the same, that everybody's brain works the same way. If you can just get past that, you become much freer to meet people where they are and really embrace the complexity of our mental functioning." **PN**

"The Tic in Tiktok and (Where) All Systems Go: Mass Social Media-Induced Illness and Munchausen's by Internet as Explanatory Models for Social Media Associated Abnormal Illness Behavior" is posted at https://journals.sagepub.com/doi/abs/10.1177/13591045221098522. "Internet Inspired Self-Diagnosis: A New Phenomenon Calling for an Old Approach" is posted at https://www.jaacap.org/article/S0890-8567(23)02128-7/fulltext.

Depression, Anxiety Do Not Increase Cancer Risk



Getty Images/iStock/CIPhotos

While researchers found some association between depression/anxiety and smoking-related cancers, the link was most likely due to smoking and other lifestyle factors. ***BY NICK ZAGORSKI***

Patients diagnosed with cancer are at a heightened risk of developing depression and anxiety, but does a diagnosis of depression and/or anxiety increase one's risk of cancer?

This is a question that researchers have been debating for decades.

While there is evidence that depression and anxiety can increase inflammation, activate immune cells, and trigger the release of stress hormones that alter the body's physiology to make it easier for cancer to spread, there is less evidence to support that these changes cause cancer (outside of some specific cases where viruses might be involved in cancer). Similarly, population-based studies exploring cancer incidence following a depression or anxiety diagnosis have produced conflicting findings.

A report in the journal *Cancer,* which combined data from 18 previous cohort studies (encompassing over 300,000 individuals), now adds evidence that depression and anxiety do not increase the risk of most cancers. Rather than looking at aggregate data, as is done in traditional meta-analyses, researchers from the multinational Psychosocial Factors and Cancer Incidence (PSY-CA) consortium extracted health outcomes for every individual participant for their analysis.

Lonneke van Tuijl, Ph.D., an assistant professor of clinical psychology at Utrecht University in the Netherlands, and colleagues focused their analysis on studies that monitored individuals over time and took assessments of depression, anxiety, and cancer. The cohorts included populations in Canada, Norway, the Netherlands, and the United Kingdom.

After excluding individuals who had a history of cancer and those who were diagnosed within one year of their psychiatric diagnosis, the final sample included 319,613 individuals and 25,803 cancer diagnoses. The researchers looked at cancer incidence overall, as well as six common cancer subtypes:

- Breast cancer
- Lung cancer
- Prostate cancer
- Colorectal cancer
- Alcohol-related cancers (such as oral-esophageal, liver, breast, and colorectal cancers)
- Smoking-related cancers (such as lung, oral-esophageal, and nasal cancers, as well as myeloid leukemia)

After the researchers controlled for age, sex, and other sociodemographic

see **Cancer Risk** *on page 31*

PSYCHIATRY & PSYCHOTHERAPY

California Approves Law Granting Pretrial Diversion for BPD

BY FRANK YEOMANS, M.D., PH.D., PAULA TUSIANI-ENG, L.M.S.W., AND KELLYANNE NAVARRE, B.A.

Borderline personality disorder (BPD) is a serious mental illness that affects about 1.6% of the population. Approximately 70% of people with BPD experience a suicide attempt and, sadly, 10% die by suicide. Although major strides have been made in diagnosing and treating this condition, it is still subject to unwarranted stigma, among not only providers but also the broader society, including those who live with BPD themselves.

Individuals with BPD are often wrongfully depicted as manipulative, wildly irrational, and invariably destructive. These stereotypes do not acknowledge either the inner suffering or the assets that people with BPD have. The stigma impedes a more hopeful, multi-dimensional, person-centered narrative.

Internalizing stigma can reinforce feelings of rejection or hopelessness, which can make individuals living with BPD less likely to seek professional help or social support in a crisis. With treatment and support, more than 90% of people recover from BPD and experience symptom remission to live a meaningful life. The problem, however, is that the vast majority of people with BPD have difficulties accessing treatment due to barriers such as an inadequate number of therapists practicing the evidence-based treatments, the cost of treatment, and lack of insurance coverage. Stigma also contributes to continued suffering and the risk of suicide, as well as other social problems such as housing insecurity, incarceration, and unemployment.

In response to this ongoing crisis, several advocacy organizations, including Emotions Matter, the National Education Alliance for Borderline Personality Disorder, and the California Council of Community Behavioral Health Agencies (CBHA)—joined forces to address the problem of stigma through a groundbreaking effort to remove stigma in California law.

Since 2018, the California Penal Code 1001.36 has allowed pretrial diversion for individuals diagnosed with certain mental health conditions, including schizophrenia, bipolar disorder, and posttraumatic stress disorder. Until now, people with BPD, along with people with antisocial personality disorder, were excluded from receiving pretrial diversion services designed to reduce the likelihood of reoffending and to facilitate their safe community reintegration.

On October 10, 2023, Gov. Gavin Newsom of California took a significant step by signing AB 1412 into law. This new legislation eliminates the exclusion of BPD from the pretrial prison diversion bill.

Assembly member Gregg Hart, who represents California's 37th Assembly District, stated: "Upon being informed about this bill proposal by a CBHA member residing in my district, I promptly became troubled by the prejudice against individuals with borderline personality disorder. California's legal framework must provide individuals with BPD the chance to engage in pretrial diversion and progress toward a productive, satisfying life. I take pride in being the author of this bill and the prospects it will provide to those living with BPD."

Frank Yeomans, M.D., Ph.D., is a clinical associate professor of psychiatry at Weill Medical College of Cornell University and a lecturer at the Columbia University Center for Psychoanalytic Training and Research. Paula Tusiani-Eng, L.M.S.W., is co-founder and executive director of Emotions Matter, a nonprofit organization to support, educate, and advocate for people impacted by borderline personality disorder. Kellyanne Navarre, B.A., is the research study coordinator in the Mood and Emotion Regulation Laboratory at Cleveland State University.

The approval of AB 1412 highlights the considerable impact that grassroots advocacy can have on legislative initiatives to improve access and equity in BPD treatment. Additionally, it underscores the vital role that mental

see **Pretrial Diversion** *on page 31*

This article is part of a series by the Group for the Advancement of Psychiatry's Committee on Psychotherapy, of which Yeomans is a member.

Brainwaves May Indicate Impending Depression Relapse

With the aid of artificial intelligence and electrodes recording brainwave activity, investigators were able to discriminate signals associated with a transient change in mood from those that heralded depression relapse. **BY NICK ZAGORSKI**

Researchers have identified a brainwave signal that might indicate if someone with depression is in stable recovery or potentially about to relapse. If validated, this biomarker could stand to significantly improve the long-term management of people receiving deep brain stimulation (DBS) for severe, treatment-resistant depression. The findings were described in a report published in *Nature*.

DBS is an experimental treatment for depression, which involves surgically implanting tiny electrodes (about 1.5 mm diameter) in the brain. Similar to a pacemaker, these electrodes are connected to a pulse generator that controls the stimulation delivered to the brain, modulating a circuit associated with depression.

With advancements in MRI tools allowing for targeted implant location, DBS has become more precise over the past decade. However, long-term clinical management is tricky because many patients receiving DBS continue to experience mood fluctuations, said Patricio Riva-Posse, M.D., an associate professor of psychiatry at Emory University in Atlanta, who was a co-author of the *Nature* article.

Psychiatrists like Riva-Posse rely on subjective clues about changes in their patients' mood based on patient reports as well as their observations of the patient.

"If I notice a change in [my patient's] mood, I have to wonder if my patient is just having a hard week or if this shift is related to the root cause of their depression," Riva-Posse said. While the former may be treated with brief psychotherapy, a more significant shift in mood may mean a higher level of DBS stimulation is needed to prevent depression recurrence.

An objective signal to validate clinical assessments would be invaluable, he continued.

Scanning Brainwaves for Signals

As described in the *Nature* report, Riva-Posse and colleagues conducted DBS surgery in 10 patients with depression using a new DBS device that recorded surrounding brainwave activity. Each patient was implanted with two electrodes (one on the left and one on the right) in the subcallosal cingulate (SCC)—a brain region rich in nerve fibers that connects networks involved in mood, learning, reward, and memory formation.

"Outside of the novel device and indication, the procedure is exactly the same as standard DBS for approved indications such as Parkinson's disease," said Megan Frankowski, Ph.D., a program director at the National Institute of Neurological Disorders and Stroke and program officer for this project. Frankowski is also a team leader in the Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Initiative, which funded this study. "There are no additional implants, and the procedure can be done with the patient either asleep or awake."

After surgery, the electrodes remained off for 30 days while the patients recovered; stimulation was then turned on, and the participants entered a 24-week observation phase. Each week they came to the hospital for a clinical assessment and had their brainwave data briefly recorded while neural stimulation was turned off.

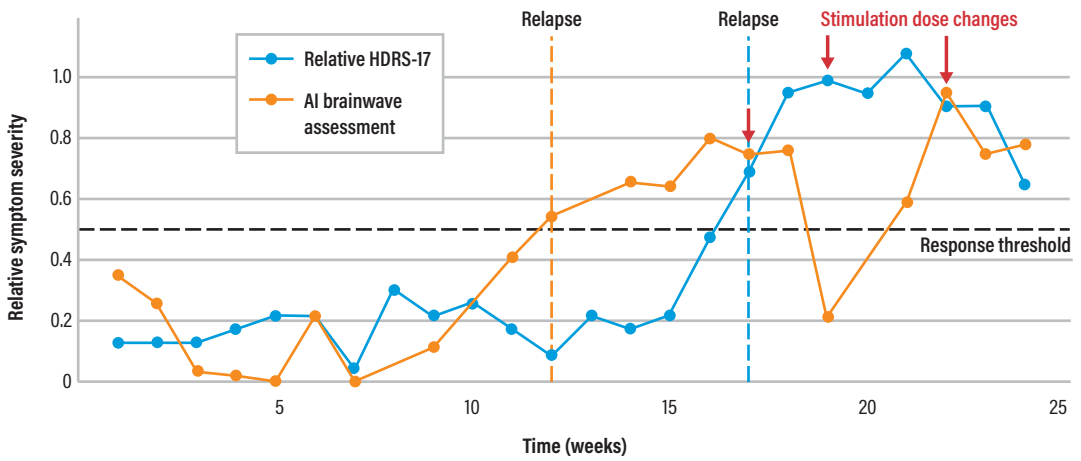
At 24 weeks, average depression scores, as assessed with the 17-item Hamilton Depression Rating Scale (HDRS-17), dropped from a baseline of 22.3 to 7.3. Of the 10 study participants, nine were determined to be treatment responders (50% or more decrease in HDRS-17 scores, and seven were determined to be in remission (HDRS-17 score of 8 or less). Adequate brainwave information was available for six participants: five of the patient responders and the one who experienced a relapse.

The brainwave recordings of the five patients who responded to DBS were then analyzed by a machine learning program. First, the program compared the participants' brainwave activity at weeks 1 to 4 (when all five patients were still in a depressed state) with the participants' brainwave activity at weeks 21 to 24 (when all five had improved). The data were used to develop a set of parameters that classified an individual as either "sick" or "stable." The machine learning program then analyzed the recording data across all 24 weeks for each patient. As Riva-Posse explained, the software was able to differentiate brainwave signals associated with a transient change in mood from signals that required a stimulation adjustment.

The AI software was also tested on the one patient who experienced a depression relapse. In this instance, Riva-Posse noted that the software identified a shift in brain activity from stable to sick weeks before the relapse became clinically apparent; this suggests the program might be able to warn clinicians about potential problems.

Can AI Help Anticipate Depression Relapse in DBS Patients?

By analyzing brainwave activity for depression biomarkers, an AI-guided program (orange) identified depression relapse in a DBS patient five weeks before it was observed by clinicians using the Hamilton Depression Rating Scale (HDRS-17, blue).



Source: Sankaraleengam Alagapan, Ph.D., et al., *Nature*, September 20, 2023.

Future of Neuromodulation

Alik Widge, M.D., Ph.D., an assistant professor of psychiatry at the University of Minnesota, cautioned that the data were obtained from five patients treated at a single clinical center and used an exploratory AI model where nothing was prespecified. "It's easy to get positive conclusions that don't hold up in larger samples," he told *Psychiatric News*. But, if something like this is validated, it could be incredibly helpful."

Widge, who was not involved with this research, added that the findings show the scientific potential of modern neural devices. "These opportunities to record the brain and study the biological basis of mental disorders … are going to let us answer questions that we just cannot [answer] with animal or computational models," he said.

The study also examined only a few circuits from one single brain region—which he equated to "trying to view the brain through a coffee stirring straw." However, he thinks this promising data will keep pushing the neuromodulation field toward a better understanding of the brain's countless networks.

Frankowski agreed that this study is an important step forward for translating this currently experimental depression treatment to the clinic.

Given that researchers can develop many different AI algorithms to analyze brain signals, these devices can provide versatile information, Frankowski noted. One use currently being investigated is to track day-to-day changes in patients with obsessive compulsive disorder—another indication where DBS is promising—to see how their brain activity responds to triggering situations in the real world as opposed to a doctor's office.

"That's an important part of the mission of the BRAIN Initiative," she said. "We strive to support projects that not only develop new tools to better understand the brain, but also develop new and improved therapies for brain disorders."

This study was supported with grants from the NIH BRAIN Initiative and the James S. McDonnell Foundation, along with support from the Hope for Depression Research Foundation, National Science Foundation, and the Julian T. Hightower Chair at Georgia Tech. The Activa PC+S devices were provided by Medtronic. **PN**

"Cingulate Dynamics Track Depression Recovery With Deep Brain Stimulation" is posted at http://apapsy.ch/DBS.

Should Psychiatrists Advocate Banning Screens From Kids' Bedrooms?

Getty Images/iStock/ljubaphoto

Psychiatrists at the annual meeting of the American Academy of Child and Adolescent Psychiatry debated the benefits and risks of advocating for families to remove screens from the bedrooms of youth. **BY KATIE O'CONNOR**

Numerous studies have established a strong link between evening screen time and poor sleep quality. Yet should that association result in guidance from a child and adolescent psychiatrist, urging families to institute blanket bans on screens in bedrooms? That question was debated at this year's American Academy of Child and Adolescent Psychiatry's (AACAP) annual meeting in New York City by members of AACAP's Media Committee.

At the start of the debate, Paul Weigle, M.D., the session's chair, took a poll of the room, asking if attendees thought child and adolescent psychiatrists should advocate banning screens from bedrooms. Fifty-four percent of participants agreed, while 25% disagreed, and 21% were unsure.

Argelinda Baroni, M.D., Lauren Hale, M.D., and Dale Peeples, M.D., argued in favor of banning screens from bedrooms. Some of their reasons included the following:

- Screens in bedrooms contribute to poor sleep; they outlined the numerous consequences of poor sleep and the importance of sufficient, restorative sleep as fundamental to optimal functioning of the human body, especially the developing mind.

- Screens and social media apps are addictive.

- Unrestricted access to screens in the middle of the night is unhealthy.

While the ban proponents acknowledged that screen time in some capacity can have benefits for youth, they emphasized that those benefits can also be achieved in the living room, without disrupting sleep. "As your doctor, I can honestly tell you that you will feel better, sleep better, and have better concentration if you keep electronics out of your bedroom," Peeples said.

On the opposite side of the debate were Gino Mortillaro, M.D., Ray Pan, M.D., and Michael Tsappis, M.D. They acknowledged the negative impact that screens have on sleep, but argued that bans are rarely ever followed. Other points of opposition included the following:

- Blanket bans have the potential to compromise the alliance between the psychiatrist and the youth, as well as the parents and the youth.

- Parents need to have a supportive alliance with their children. Banning screens from the bedroom reduces the opportunity for parents to have conversations with their youth.

- Banning screens also reduces opportunities for the youth to learn how to regulate themselves as they enter adulthood.

Further, they argued that banning screens reinforces a negative emphasis on real, but also imagined, effects of screens, without allowing room to acknowledge the numerous benefits provided by screen access. "Screens are increasingly relied upon for everyday activities, especially by young people," Tsappis said.

In the rebuttal phase of the debate, Baroni noted that science is on the side of the ban proponents. Hale argued that encouraging moderation and limit setting are one and the same. If youth put their phones away an hour before bed, they may sleep 20 minutes more, which is just enough to reduce the risk of car crashes and improve grades, Hale argued.

On the opposition side, Pan pointed out that the literature on substance abuse treatment encourages a harm reduction approach rather than an absolute ban. "The idea of making a black-and-white ban really runs the risk of us being hammers and only seeing nails," Mortillaro said.

The lively debate also drew numerous audience questions from AACAP members, who shared their thoughts and experiences in their own practices. By the end of the debate, Weigle took another poll to determine if either side had swayed more audience members. The result was almost a total reversal of the original poll: By the end, 55% were against advocating for bans on screens in bedrooms, while 35% were in favor of such bans, and about 10% were unsure. **PN**

Disguising

continued from page 16

writing letters. Irene Reid was one of my favorites then, a down-home jazz singer who kept my mind off war. Her song "That Bitter Earth" repeated "that bitter earth may not be that bitter after all." She offered some hope and asked, "What good is love that no one shares?" I wrapped my arms around my shoulders and prayed I would get back home safe. My other virtual soulmate was Etta James ("At last, my love has come along"). The music and quietness provided some comfort, even as they exaggerated the distance from home and made the risks to life more palpable.

I attended Sunday service in town at a church run by American missionaries. I joined the choir and was delighted to participate in the choral side of worship. Looking from the chancel area toward the congregation, I still see that man to my far left at the rear of the church sitting on a pile of hymnals. It took me a while to realize that he was on the lookout for any intruders seeking to lob a grenade or, worse still, penetrate the precincts of the church to do us harm. The pastor prayed so earnestly, seemingly oblivious to the war. I would look up and ask God whose side He was on. And I toyed with the idea of asking Him how He responded to the entreaties from the Vietnamese. I tried hard to comprehend the explanations offered by politicians back home to justify the killing and injuring. I never understood, after the departure of the French from Indochina, how the U.S. expected to win.

Ultimately, the parade ground, with its performative elements, and the war zone defy comparison. The aesthetic aspects of military dress uniforms and balletic parade-ground exercises are dramatic presentations focused on cadence, rhythm, and collective symmetry. Even when fighter planes fly overhead as a part of the presentation, they are in tight formation, representing some geometric figure finely held in check, leaving trails of multicolored smoke. No one dies on the parade ground. The horror show that is war takes place in another theater, displaying unspeakable suffering and unbridled hatred. The audience leaves the drama empty, pained, and marked by the performance. Others stay on the scene, permanently, as silent witnesses. **PN**

Getty Images/iStock/Igor Ilkov

Teen Psychological Distress Linked To Recent Cannabis Vaping

Regardless of the direction of cause and effect, psychiatrists and mental health professionals should be aware that psychological distress and cannabis use are interrelated and screen for cannabis use in teens experiencing distress. **BY MARK MORAN**

Youth who reported experiencing severe psychological distress were more likely to vape cannabis in the previous month than those who did not report psychological distress, according to a report in the *American Journal of Preventive Medicine*.

The study also found that being older (16 to 18); getting poor grades; vaping nicotine; and smoking cannabis in cigars, cigarillos, or little cigars ("blunt" use), among other factors, were associated with higher odds of cannabis vaping.

"Some adolescents may use cannabis to regulate distress, and adolescence is an important developmental period for intervention as adolescents who use cannabis as a coping mechanism may go on to develop problematic use," wrote lead author Delvon T. Mattingly, Ph.D., M.S., an assistant professor in the Department of Behavioral Sciences at the University of Kentucky, and colleagues in the report.

The researchers looked at the association between cannabis vaping and psychological distress among 22,202 youth aged 11 to 18 years using data from the 2022 National Youth Tobacco Survey (NYTS). Students surveyed were categorized as having normal, mild, moderate, or severe psychological distress, based on their responses to the Patient Health Questionnaire-4 (PHQ-4).

A total of 1,629 youth (about 7.6% of those surveyed) reported having vaped cannabis in the previous 30 days. The breakdown of psychological distress in this group was as follows:

- 22.9% reported severe psychological distress.

Aram Boghosian

"In the movement toward legalization of cannabis, not enough attention has been paid to the unintended consequences of increased adolescent exposure," said John Fromson, M.D.

TouchRetouch

"Adolescents are finding different modes by which to consume cannabis, such as vaping, and each of these routes of cannabis administration may come with unique health detriments," said lead author Delvon T. Mattingly, Ph.D., M.S.

- 17.5% reported moderate psychological distress.
- 22.3% reported mild psychological distress.

Of those surveyed who had not vaped cannabis in the past 30 days, 11.4% reported severe psychological distress, 13.0% reported moderate psychological distress, and 20.5% reported mild psychological distress.

Adolescents who experienced severe psychological distress were 1.46 times more likely to have vaped cannabis in the previous 30 days, compared with those who experienced no psychological distress. Those with moderate or mild psychological distress were 1.22 times and 1.16 times more likely to have vaped cannabis, respectively.

Association May Be Bidirectional

In comments to *Psychiatric News*, Mattingly said it is possible that teenagers experience psychological distress as a result of exposure to cannabis—or that their distress is exacerbated.

"Our study cannot speak to causality in either direction—whether it is that distress causes or influences cannabis use or cannabis use causes distress," he said. "What the NYTS data do tell us is that there is an association between psychological distress and cannabis vaping after controlling for a variety of sociodemographic and potential confounding factors. These findings can be used as a benchmark for further investigations that employ more evidence-based study designs and methodologies, including causal inference methods, to investigate the process by which distress may influence cannabis use and vaping."

Regardless of the direction of cause and effect, Mattingly said psychiatrists and mental health professionals should be aware that psychological distress and cannabis use are interrelated and screen for cannabis use in teens experiencing distress. And he said mental health professionals should know that "adolescents are finding different modes by which to consume cannabis, such as vaping, and each of these routes of cannabis administration may come with unique health detriments."

Cannabis Legalization: 'Unintended Consequences'

John Fromson, M.D., a member of the APA Council on Addiction Psychiatry, who reviewed the report for *Psychiatric News*, said the study shows redundantly that cannabis is not harmless; it has been associated with poorer school performance, deficits in memory and concentration, and increased risk for psychosis and suicide. Fromson pointed out that vaping appears also to allow users to receive higher doses of tetrahydrocannabinol (THC), the psychoactive ingredient in cannabis.

He is an associate professor of psychiatry at Harvard University and president of the Massachusetts Psychiatric Society.

"In the movement toward legalization of cannabis, not enough attention has been paid to the unintended consequences of increased adolescent exposure," he told *Psychiatric News*.

Mattingly agreed. "As the United

see **Vaping** *on page 33*

Climate and Existential Angst: One Emergency Physician's Personal Story

BY JOSEPH VIPOD, M.D.

"Unless someone like you cares a whole awful lot, nothing is going to get better. It's not." —The Lorax *by Dr. Seuss*

It's been a very challenging [year], if you have any knowledge of the impending (present) climate crisis. News stories of unusually early and abnormally intense wildfires across the north of our country. Scientists pointing out the incredible heat growing in the North Atlantic ocean water. A recent Alberta election where neither party deigned to discuss the hard truths of climate science and its implications for our industry, agriculture, and health. Our premier, unable to make the connection between the grossly abnormal weather and our wildfires, instead blaming arsonist ghosts. And the undeniable sight, smell, and impacts of smoke pervading our streets and homes.

It's all a bit much. And I confess, I gave in to despair. I recently tweeted out *"I am so sad about the world and where it is going. I tried so hard. It was never enough. Please forgive me, children, animals, plants, ecosystems. This is all so tragic."*

Joseph Vipod, M.D., is an emergency doctor in Calgary, the past president of the Canadian Association of Physicians for the Environment, and co-founder of the Calgary Climate Hub.

The response was immediate. Some concerned: "Are you OK?" Some dismissive: "What a drama queen." But mostly: "I feel exactly this."

It's hard to deny now the impacts that our fossil fuel extractive economy is having on the natural world around us. Hard to deny that the degradation of our natural world is having impacts on our society. And to think of how this will worsen with time in the near and far future.

The emotions we feel are not pathological. It is very normal to feel despair when presented with the reality that we face. It's like 8 billion people, and most of the animals and plants have just been given a serious, maybe palliative, cancer diagnosis with the only possible cure being giving up on burning fossil fuels. And we're just not ready to do that yet.

What if part of our inability to deal with the underpinnings of the climate crisis has to do with our refusal to acknowledge the emotions of what we are feeling? In our society, we must pretend that all is well, don't look at that scary stuff over there, let's go for brunch. Don't look up.

I feel grief: for the beautiful and alive ecosystems we are losing.

I feel guilt: the gas-guzzlers I've owned before I was more aware; the flights to here, there, and everywhere.

I feel anxiety: for the threat that befalls us over which we as individuals have very little control.

I feel terrified: for the very real prospect of my life, and/or my children's lives, being curtailed by calamity.

I feel jealous: of those who can ignore what is happening, continuing to live their lives as if nothing is at risk.

I feel angry: because there are people and corporations and politicians behind the myriad of bad decisions that have led to this. And none has faced accountability. And many still are in positions of power.

I feel love: for this planet, for humanity, for life. It is often when the things you care about are threatened that you understand exactly why you value them so much.

I feel community: for the people who do care, who show what we can accomplish when we try to make the world a better place. And caring people are truly the bestest friends a guy could ask for.

Some people have suggested my tweet was a surrender. But let me be clear: I will never give up. My kids, the insects, the oceans, this province deserve that I continue to advocate for a safer future until there is nothing left to fight for.

Things are going to get worse. This is just a preview to the future, which will continue to warm as long as we continue to produce methane, CO2, and other warming gasses into the atmosphere. Every fraction of a degree of warming avoided is worth the efforts we make today. Which is why there is such desperation in the scientists' voices.

"Is there any hope?" is the question I hear most asked at climate events. My answer: "Nobody knows what the future holds. But unless we do what the science says, there will for sure be bad outcomes. Please help."

Getting involved creates active hope, for you and for me. **PN**

This article is reprinted from the newsletter *Gen Dread* with permission from its author. *Gen Dread* is a newsletter about climate change.

Pretrial Diversion

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health professionals can play in shaping more inclusive and effective policies for highly stigmatized psychological disorders like BPD.

Passing AB 1412 is significant because it represents the first policy passed to address stigmatizing mental health policy against people with BPD. Hundreds of people living with BPD, in conjunction with family members and clinicians, mobilized from around the country to ensure that people with BPD be treated the same as people with other mental health conditions in the California penal system.

Historically, advocacy efforts for various mental health conditions were often led by consumers and clinicians who relied on advancements in science and medicine to combat stigma. This advocacy is now expanding to support individuals with BPD. The rise of social media has empowered a growing number of young people to openly discuss BPD. They are ready to tell individuals with stigmatized views that now is the time to change. They are empowered to speak up about their condition and claim their right under the Mental Health Parity and Addiction Equity Act to access care. They want to live and recover, just like Americans with other psychiatric conditions.

The passage of California AB 1412 illustrates that the tide regarding stigma is turning. Other governmental bodies, health care professionals, people with lived experience, and insurance companies now need to follow suit and recognize BPD for what it is: a serious mental illness in need of research, education, and accessible treatment. Passing AB 1412 can be regarded as an encouraging start. **PN**

APA urges you to become involved with advocacy; staff in APA's Division of Government Relations will work with you and provide helpful tools. Sign up for APA's Advocacy Alerts at https://votervoice.net/AmericanPsych/Register and join the Congressional Advocacy Network at http://apapsy.ch/CAN. For more information, email APA's Division of Government Relations at advocacy@psych.org.

Cancer Risk

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characteristics, they found no association between a depression or anxiety diagnosis and subsequent diagnosis of any overall cancer, breast cancer, prostate cancer, colorectal cancer, or alcohol-related cancer.

The researchers found that a depression diagnosis was associated with a 58% increased risk of lung cancer and 24% increased risk of any smoking-related cancer. Likewise, an anxiety diagnosis was associated with a 60% increased risk of lung cancer and 16% increased risk of any smoking-related cancer.

When Van Tuijl and colleagues controlled for additional factors such as family cancer history, smoking, drinking, and physical activity, the increased risk of lung and smoking-related cancer fell.

"Indeed, previous studies have attributed the association between depression and smoking-related cancers to increased prevalence of smoking among depressed persons," the authors wrote. "Further research is required to test whether depression and anxiety interact with or moderate the effects of health behaviors on the incidence of lung and smoking-related cancers."

Van Tuijl and colleagues acknowledged that their analysis considered only a diagnosis of depression or anxiety as a baseline variable, so it is possible that some individuals with severe or chronic depression may be at higher risk for some types of cancers. The analysis also did not explore whether depression or anxiety impacted cancer progression or survival.

This study was supported by grants from the Dutch Cancer Society, UK Medical Research Council and Wellcome, Netherlands Organisation for Health Research and Development, the National Institute on Aging, and the University of Bristol. **PN**

"Depression, Anxiety, and the Risk of Cancer: An Individual Participant Data Meta-Analysis" is posted at https://acsjournals.onlinelibrary.wiley.com/doi/10.1002/cncr.34853.

BY NICK ZAGORSKI AND TERRI D'ARRIGO

MAPS Seeks Approval for MDMA-Assisted Therapy For PTSD

MAPS Public Benefit Corporation in December announced it had submitted a New Drug Application (NDA) to the Food and Drug Administration (FDA) for ***MDMA-assisted therapy*** for people with posttraumatic stress disorder (PTSD).

The NDA includes the results of two randomized, double-blind, placebo-controlled phase 3 studies (MAPP1 and MAPP2) evaluating the efficacy and safety of MDMA-assisted therapy versus placebo with therapy in participants diagnosed with moderate or moderate to severe PTSD.

MAPP1 included 90 patients with severe PTSD who were randomized to receive MDMA-assisted therapy or placebo. After 18 weeks, the mean change in Clinician-Administered PTSD Scale for *DSM-5* (CAPS-5) scores in participants completing treatment was –24.4 in the MDMA group and –13.9 in the placebo group. At the end of the study, 67% of the participants in the MDMA group no longer met the diagnostic criteria for PTSD, compared with 32% of those in the placebo group after three sessions.

The second study involved 104 patients with moderate to severe PTSD—defined as a score of at least 28 on CAPS-5. At 18 weeks, CAPS-5 scores fell by 23.7 points in the MDMA group compared with 14.8 points in the placebo group. Further, 71.2% of those in the MDMA group no longer met *DSM-5* criteria for PTSD after 18 weeks, compared with 47.6% of those in the placebo group.

According to MAPS, the FDA has 60 days to determine whether the NDA will be accepted for review and whether it will receive a priority review designation (agency's goal is to take action on an application within six months) or a standard review (take action within 10 months).

Centanafadine Promising For Youth With ADHD

Otsuka Pharmaceutical in late 2023 posted positive findings from two phase 3 studies testing ***centanafadine*** for the treatment of attention-deficit/hyperactivity disorder (ADHD) in children and adolescents. Centanafadine is a norepinephrine, dopamine, and serotonin reuptake inhibitor.

The first trial assessed adolescents aged 13 to 17 years, while the second assessed children aged 6 to 12 years.

Both trials involved six weeks of treatment with one of three interventions: low-dose centanafadine (up to 164 mg daily), high-dose centanafadine (up to 328 mg daily), or placebo.

Participants in both trials who received the high-dose medication showed statistically better improvements on the ADHD Rating Scale version 5 (ADHD-RS-5) after six weeks.

"In both trials, the high dose centanafadine showed separation from placebo as early as week 1, the first post-baseline timepoint, with the effect maintained throughout the study period," Otsuka reported.

The benefits of high-dose centanafadine over placebo came as early as one week after initiating medication. There was no statistical difference in ADHD-RS-5 scores after six weeks between low-dose medication and placebo, however.

The most common side effects observed included nausea, upper abdominal pain, somnolence, and fatigue.

OTC Fentanyl Test Gets FDA Clearance

The FDA in October cleared the Alltest ***Fentanyl Urine Test Cassette,*** the first over-the-counter test that can detect fentanyl in urine. The test can provide results in just five minutes, but the FDA noted that the test results are only preliminary; the testing package includes a pre-addressed mailing box for shipping urine samples to the manufacturer's laboratory for confirmation testing.

"This test is an example of the FDA's continued commitment to authorize tools that can reduce deaths associated with overdoses," stated Jeff Shuren, M.D., J.D., director of the FDA Center for Devices and Radiological Health, in a press announcement. "The agency expedited review of this test, making a decision on the submission in only 16 days from the date it was received."

FDA Warns of Rare but Dangerous Risk With Clobazam, Levetacetam

In November the FDA issued a Drug Safety Communication about a rare but serious and potentially life-threatening drug reaction to the antiseizure medications ***clobazam (Onfi, Sympazan)*** and ***levetiracetam (Keppra, Keppra XR, Elepsia XR, Spritam)***. The reaction is called Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS). It may start as a rash but can quickly progress to fever, swollen lymph nodes, and injury to organs such as the liver, kidneys, lungs, heart, or pancreas. If not diagnosed and treated quickly, DRESS may be life-threatening.

The FDA is requiring warnings about the risk of DRESS to be added to the prescribing information and medication guidelines for these medications.

According to the drug safety communication, diagnosing DRESS is often difficult because early signs and symptoms such as fever and swollen lymph nodes may be present without evidence of a rash. DRESS can develop two to eight weeks after patients start taking the medications, and symptoms and intensity can vary widely. DRESS can also be confused with other serious skin reactions such as Stevens-Johnson syndrome and toxic epiderma necrolysis. Health professionals should advise patients of the signs and symptoms of DRESS and to stop taking their medicine and seek immediate medical attention if DRESS is suspected during treatment with levetiracetam or clobazam.

Allyx's Lead Alzheimer's Compound Passes First Clinical Hurdle

Allyx Therapeutics' glutamate-targeting drug ***ALX-001*** appears to be safe and tolerable at all doses tested, according to phase 1 data presented by the company at the 16th Clinical Trials on Alzheimer's Disease meeting in Boston this past October.

This preliminary trial, conducted by researchers at Yale University, tested six incremental doses of ALX-001 (10, 40, 70, 100, 150, and 200 mg) in 36 healthy adult participants aged 50 to 80. The compound was well tolerated, with 64% of participants reporting no adverse events. ALX-001 also demonstrated strong affinity with its target, the mGluR5 glutamate receptor.

Allyx Therapeutics is currently conducting a phase Ib study testing the safety and dosing of ALX-001 in adults with Alzheimer's disease, which is expected to be completed later this year. **PN**

Special Olympics

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ing physical activity for people with IDD, Mirnics noted the expansion of the nonprofit into other areas over the years. "As we grew, we realized that our athletes had many unmet medical needs," he said during his speech. These issues included tooth decay, vision and hearing problems, elevated obesity rates, and communication difficulties.

"Imagine having dental pain and not being able to communicate that effectively," Mirnics said. He noted such issues can manifest as behavioral problems.

In 1997, Special Olympics launched a vision and dental screening program for their athletes, which has since grown to include preventive health screenings. Mirnics highlighted some recent data that showcased the success of these screenings: Special Olympics athletes are about half as likely to be diagnosed with depression or anxiety, have 30% fewer health care visits per year, and cost Medicaid three times less than people with IDD who do not participate in Special Olympics.

The improvements in depression and anxiety may be attributable to the Strong Minds program; initiated in 2010, this preventive tool combines an emotional well-being assessment along with a learning activity that helps people with IDD develop adaptive coping strategies to manage stress.

"There is a big overlap in our patient populations," Mirnics said. He noted that over 30% of people with IDD have one or more co-occurring psychiatric disorders, yet many go undiagnosed due to a lack of screening tools tailored to people with IDD and/or adequately trained physicians.

Mirnics said that Special Olympics plans on using the $150,000 honorarium accompanying the Pardes Prize to update the Strong Minds assessment to include more questions from validated health screens such as the CORE-LD30 (which assesses psychological distress in people with IDD). He noted that Special Olympics would also like to use the funds to incorporate this behavioral health assessment into athletes' electronic health records to help facilitate a pathway to care for any athletes who screen positive.

"There is still much to be done, and the road behind is always shorter than the road ahead," Mirnics said. But he did take a moment to reflect on Special Olympics' latest World Games held in Berlin last June.

"Seeing 70,000 people cheer our athletes in the same stadium where Hitler refused to shake the hand of Jesse Owens is a testament to the progress we have made." **PN**

BBRF's 2023 Mental Health Research Symposium, which includes a presentation by Karoly Mirnics, is available to view at https://mediasiteconnect.com/site/register-bbrf2023/browse.

BY NICK ZAGORSKI

Getty Images/iStock/PeopleImages

Group IPSRT Feasible For Bipolar, Depressive Disorders

Interpersonal and social rhythm therapy (IPSRT)—which helps people to establish regular routines and social patterns—can be effectively delivered to a mixed group of patients with bipolar disorder or with major depressive disorder, a report in *The American Journal of Psychotherapy* suggests.

Researchers at Leiden University in the Netherlands recruited adult outpatients (aged 26 to 80) with either major depression or bipolar disorder to participate in 10 weeks of IPSRT. The therapy sessions were delivered twice weekly in groups of up to 12.

The final sample included 38 people, of whom 27 were women (average age 65 years). Overall, IPSRT was well received, with the participants attending an average of 16.3 of the 20 sessions, and only nine (24%) dropping out prematurely. At the end of the program, 25 participants filled out a modified version of the Client Satisfaction Questionnaire (CSQ). The average CSQ score was 32.3 (max of 44), indicating good satisfaction, and almost all respondents were satisfied with the group composition.

The researchers did not identify any significant differences in mood symptoms or quality of life among the participants between the start and end of treatment. At the three-month follow-up assessment, however, the participants scored higher on quality-of-life measures than they had at baseline.

The researchers noted that the participants in the study had relatively low depression severity scores at baseline, which may explain why improvements were not detectable. "When participants are already in remission, longer follow-up periods are necessary to draw conclusions about the impact of an intervention on risk for recurrence of mood symptoms," they wrote.

Orhan M, Korten N, Mans N, et al. Feasibility and Acceptability of Group Interpersonal and Social Rhythm Therapy for Recurrent Mood Disorders: A Pilot Study. *Am J Psychother*. 2023 November 28, 2023. Online ahead of print. https://psychotherapy.psychiatryonline.org/doi/10.1176/appi.psychotherapy.20220067

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ADHD May Increase Risk Of Rare Eye Disorder

Keratoconus is an eye disorder characterized by progressive thinning of the cornea, which can lead to double vision, blurred vision, and other problems. A study appearing in *JAMA Ophthalmology* reports that males with attention-deficit/hyperactivity disorder (ADHD) are at elevated risk of developing this condition.

Researchers at Tel Aviv University in Israel and colleagues examined 940,763 medical evaluations from Israeli citizens aged 16 to 45 who served in the military or were screened for service between 2011 and 2021. Keratoconus was documented in 1,533 of these individuals, or 0.16%.

The researchers found that ADHD was more common in individuals with keratoconus (15.9%) than in the general population (10.7%). Additional analysis revealed that males with ADHD had about a 62% increased risk of developing keratoconus, whereas there was no elevated risk in females with ADHD.

The researchers suggested that excessive eye-rubbing associated with ADHD—triggered by symptoms like poor sleep or learning frustrations—may contribute to progressive corneal damage.

Interestingly, they did not find that ADHD individuals with keratoconus had more severe ADHD symptoms than those without, nor did they find an elevated prevalence of this disorder among individuals with obsessive-compulsive disorder (OCD), severe anxiety, or autism. However, these conditions combined were present in just 1% of individuals with keratoconus, so the numbers were likely too small to make definitive associations.

"While the study design provides hypotheses of associations for future investigations, cause and effect could not be ascribed directly," the authors wrote. "Evaluating risk factors for keratoconus could generate hypotheses to be tested in future interventional trials."

Safir M, Hecht I, Heller D, et al. Psychiatric Comorbidities Associated With Keratoconus. *JAMA Ophthalmol*. November 9, 2023. Online ahead of print. https://jamanetwork.com/journals/jamaophthalmology/fullarticle/2811500

Getty Images/iStock/pixinoo

iCanQuit App Enhanced By Smoking Cessation Medications

Combining pharmacotherapy with use of a smartphone app for smoking cessation called iCanQuit may lead more people to quit smoking than use of the app alone, a report in *Addiction* has found. The findings are a follow-up analysis of data from a clinical trial that compared iCanQuit with the National Cancer Institute's QuitGuide app.

In the 2020 trial, investigators at the Fred Hutchinson Cancer Research Center in Seattle and colleagues found that both iCanQuit (which teaches users to accept smoking urges and strategies to let the urges pass) or QuitGuide (which focuses on preventing urges rather than accepting urges) were effective smoking cessation aids. However, iCanQuit was superior after 12 months, with 28% of users reporting being cigarette free for 30 days compared with 21% of QuitGuide users.

To be eligible for the trial, people could not be using nicotine replacement therapy or other smoking medications, such as varenicline; however, they could start using medications once the trial started. Of the 2,415 participants, 619 started using smoking cessation pharmacotherapy (mostly nicotine replacement) within the first three months. A total of 1,469 did not use pharmacotherapy throughout the 12-month study.

Overall, 34% of iCanQuit users who used any pharmacotherapy reported being cigarette free at 12 months, compared with 20% of QuitGuide users. Among those who specifically used nicotine replacement therapy, 40% of iCanQuit users reported being cigarette free at 12 months, compared with 18% of QuitGuide users. Among participants using no medications, 28% of iCanQuit users and 22% of QuitGuide users reported being cigarette free.

"The overall therapeutic message [of iCanQuit] is to use pharmacotherapy to manage triggers in the short term while they learn skills for accepting them in the longer term," the investigators wrote. "This coherent blending of [acceptance and commitment therapy's] specific behavioral skills with pharmacotherapy probably explains why the combination of pharmacotherapy with iCanQuit was more effective than iCanQuit alone."

Bricker JB, Santiago-Torres M, Mull KE, et al. Do Medications Increase the Efficacy of Digital Interventions for Smoking Cessation? Secondary Results From the iCanQuit Randomized Trial. *Addiction*. November 27, 2023. Online ahead of print. https://onlinelibrary.wiley.com/doi/epdf/10.1111/add.16396

Getty Images/iStock/miodrag ignjatovic

Delirium Increases Cognitive Risks for Long-Term Care Residents

Delirium appears to increase the risk of cognitive decline and death in older adults living in long-term care facilities, a report in the *Journal of the American Geriatrics Society* has found.

see **Journal Digest** *on page 36*

Vaping

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States continues to decriminalize cannabis and legalize recreational and medical cannabis use, we must continually monitor and survey the impact on adolescent use patterns," he said. "Our current understanding on whether decriminalization/legalization of cannabis leads to increased cannabis use is mixed, but there are active research efforts attempting to better understand these relationships."

He added, "As our study focuses on vaping specifically—one of the most common types of substance use and misuse among adolescents—we encourage clinicians, parents, and policymakers to remain diligent about and committed to vaping prevention and reduction efforts in the United States." **PN**

"Psychological Distress and Cannabis Vaping Among U.S. Adolescents" is posted at https://www.ajpmonline.org/article/S0749-3797(23)00430-0/fulltext. Information about the National Youth Tobacco Survey is posted at https://www.cdc.gov/tobacco/data_statistics/surveys/nyts/index.htm.

Green Space

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we are seeing more and more that when researchers control for those things, green space still has a beneficial impact."

A 2020 systematic review by Australian researchers published in *PLoS One* compared the psychological impacts of screen time among youth with what they called "green time," defined as contact with nature. Though they noted that the measures for green space exposure were highly heterogeneous, overall they found that green time was associated with favorable psychological outcomes among youth aged up to 18 years, while screen time was associated with unfavorable outcomes. They also explained that these outcomes appeared strongest among youth from low socioeconomic backgrounds, though they also noted that socioeconomically disadvantaged youth are underrepresented in the literature.

They specifically pointed to one study that found that, in the absence of socioeconomic advantage, neighborhood green space may act as a protective factor against developing emotional problems. The 2014 study, published in the *Journal of Environmental Psychology*, found that disadvantaged children with a higher percentage of green space in their neighborhoods had fewer emotional problems from ages 3 to 5 years compared with similarly disadvantaged children with less green space in their neighborhoods.

How green space can especially benefit children from disadvantaged backgrounds is an area about which Cathy Jordan, Ph.D., is particularly passionate. Jordan is the director for leadership and education at the Institute on the Environment at the University of Minnesota and director of research for the Children & Nature Network, a national nonprofit aiming to increase children's equitable access to natural spaces.

Jordan explained that many researchers believe nature has an "equigenic effect," meaning that youth from low socioeconomic families benefit more from access to nature when looking at a range of outcomes compared with youth from more advantaged backgrounds.

In a 2021 study published in *Wellbeing, Space, and Society*, researchers investigated children's social, emotional, and behavioral well-being; their family's socioeconomic status; and the amount of green space they had available. The researchers used the Strengths and Difficulties Questionnaire to gather information on conduct problems and prosocial behaviors among 774 children aged 10 to 11 years in Scotland. Satellite images were used to determine the green space available in their neighborhoods. They found that a 10% increase in neighborhood green space was associated with reduction in emotional problem scores and an improvement in prosocial behavior scores. These benefits were especially strong among youth from lower income families.

Dustin Carlson

Studies have shown that access to nature while children grow up can impact their brain development, which underscores the importance of ensuring all children, especially the most socioeconomically disadvantaged, have access, said Cathy Jordan, Ph.D.

"We shouldn't be saying nature is just a luxury or that it's O.K. that only the most advantaged kids who live near wonderful parks get to go there," Jordan said. "We actually have enough information to say it's potentially powerful enough that we would be remiss not to provide equitable access to all kids, especially those who have the most to gain."

Turning Research Into Interventions

Organizations and programs like the Children & Nature Network and the Center for Nature and Health are putting into practice the robust body of research linking access to green space and positive mental health benefits among youth.

The Children & Nature Network has partnered with Casey Family Programs, a nonprofit organization that works with child welfare systems to help them develop best practices and policies to address the needs of the children and families they serve.

In 10 of the Casey Family Programs' field offices, the Children & Nature Network works with their staff to enhance access to nature for youth in foster care. That largely looks like facilitating access, particularly through connections with local partners in each community to create more opportunities for not only children and families to get outdoors, but also for the social workers who serve them.

Simply having access to the natural world can impact kids' relationship to climate change, said Joshua Wortzel, M.D. "In addition to being therapeutic, having a sense of wonder about the natural world or an intimate connection to it increases a child's—or even an adult's—desire to protect the environment."

In 2012, UCSF's Benioff Children's Hospital Oakland partnered with the East Bay Regional Park District to integrate access to green spaces into outpatient primary care. On the first Saturday of every month, the park district and its foundation provide a free half day at the park, which includes transportation, a healthy lunch, and outdoor activities led by the park staff.

Razani noted that there is sometimes pushback against nature prescriptions, as many argue that a piece of paper from a doctor isn't going to get patients outside. But the Stay Healthy in Nature Every day (SHINE) program facilitates patients' access to the park, making it a great option for low-income families.

The children's hospital also includes a question during well child visits asking families if the child has access to safe green spaces in which to play. "If clinicians think it's indicated, they can then make a referral to SHINE, and the family can meet with our team," Razani said.

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Encouraging Coping Skills Among Youth Regarding Climate Change

The flip side of the many beneficial outcomes children experience when exposed to nature are the detrimental impacts of climate change on mental health. There is also the looming reality that, as climate change continues, green spaces will become increasingly unavailable due to factors such as increased heat and natural disasters.

Wortzel is especially dedicated to this area of research and advocacy. His research has analyzed a potential link between rising global temperatures and rising suicide rates among youth, and he also pointed to research that has linked heat waves with increased rates of domestic violence and violence generally. He has advocated strongly for legislation that would help communities strengthen mental health resources and bolster resilience in the face of weather-related disasters (*Psychiatric News,* https://psychnews.psychiatryonline.org/doi/10.1176/appi.pn.2023.09.9.23).

A 2021 study published in *The Lancet Planetary Health* surveyed 10,000 youth aged 16 to 25 years in 10 countries, asking them about their concerns related to climate change. According to the study, 59% of youth are very or extremely worried about climate change, and more than 50% reported each of the following emotions related to climate change: sadness, anxiety, anger, powerlessness, helplessness, and guilt.

For Wortzel, these findings naturally led to the question: How do we improve resilience and increase coping among kids? There are numerous ways, he said. One is to encourage problem-solving by helping youth get involved in activism and community-level interventions. "The mere act of being involved and being part of the community helps," he said. "We are showing them that there are adults in their communities who are trying to address this issue, and learning about and getting involved with that activism can be very therapeutic."

Another way to encourage resilience is what Wortzel referred to as meaning-facing coping, which involves maintaining hope and appreciation for the natural world. "There are ways we can build hopefulness by being stewards of the natural world," he said. "This is our moment to shine in terms of stepping up to the plate and making change. It's a question of how do we find meaning in adversity?"

AI Images

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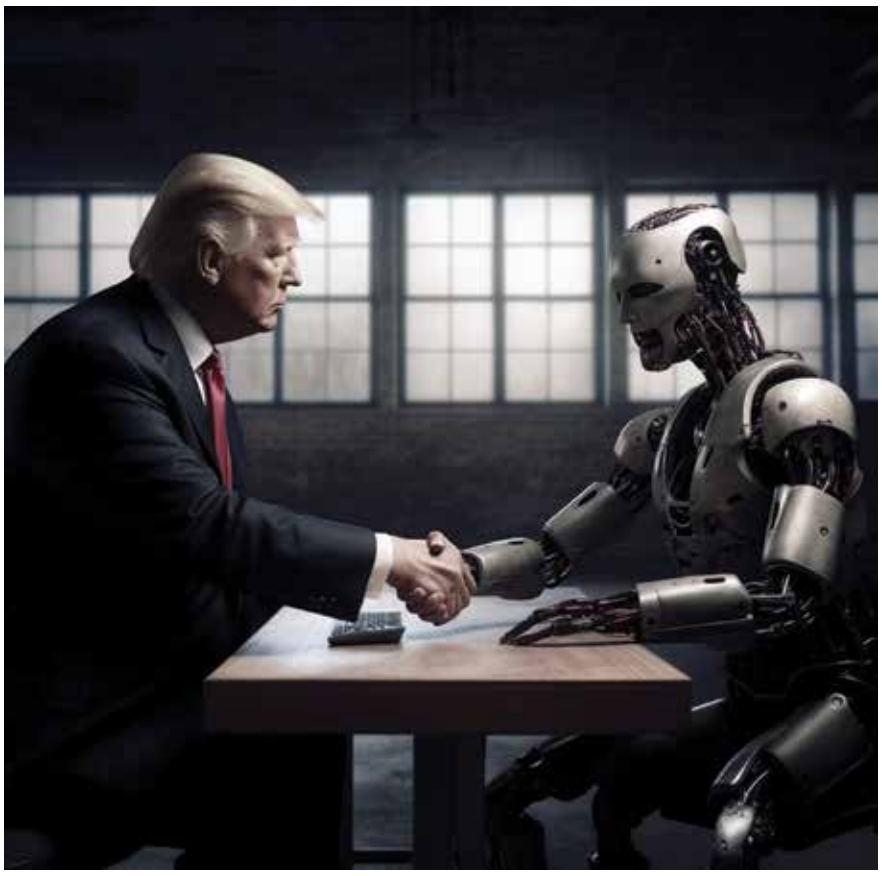
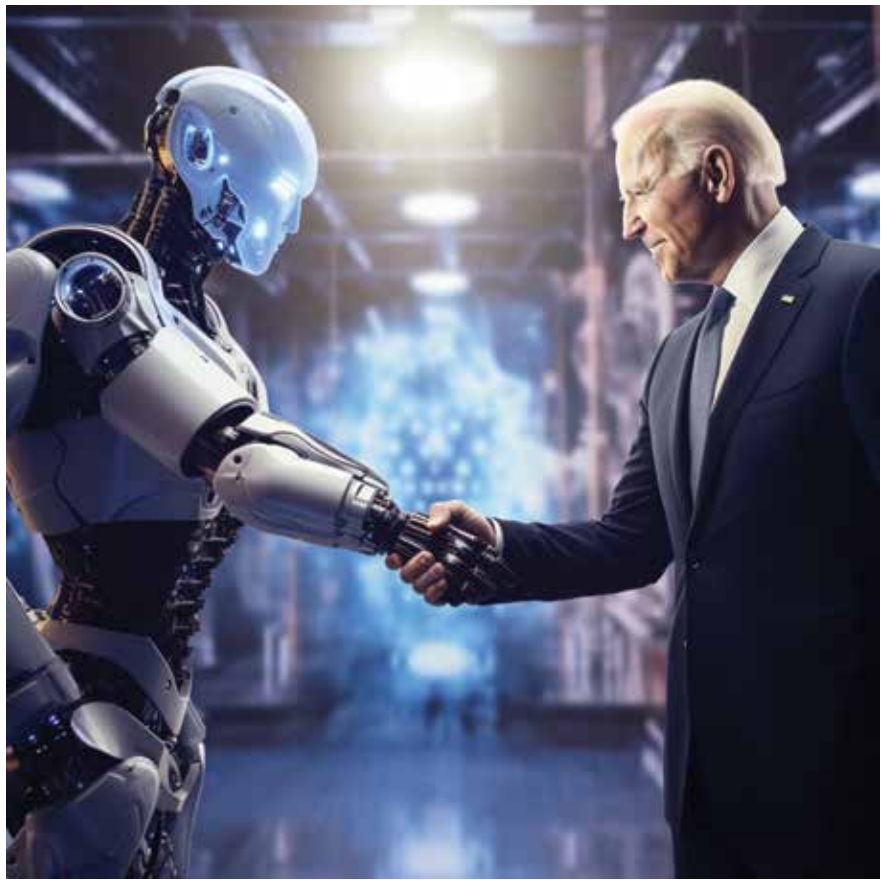
show presidential hopefuls shaking hands with an AI-powered robot. If the creator of such images aims to persuade or anger its intended audience, however, one can imagine that the images would be more malicious and convincing. (These images took me only 15 seconds to generate on an iPhone.)



In addition to generating images, ChatGPT can now receive visual information and process it. For instance, you can take a picture of a broken dishwasher with your phone and upload it to ChatGPT. ChatGPT will analyze the image, access its training data, and propose repair solutions. The medical and psychiatric implications of such a technology are quite obvious. Researchers have investigated the intersection of AI and radiology for quite some time, but now patients have the ability to upload their radiologic images directly into ChatGPT and ask for interpretation. (OpenAI has obviously built in safeguards into the technology.) The uses of this paradigm-shifting technology are endless. Individuals can upload pictures of their outfits and ask ChatGPT to opine on how fashionable they are and areas for improvement.

Furthermore, users are taking pictures of their meals and asking for nutritional input.

Given ChatGPT's number of weekly users, many of your patients are likely using these technologies and seeing AI-generated content, so it is important to understand them and discuss their pros and cons with patients. Generative AI could worsen patients' anxieties, phobias, and delusions, especially in an election year with high stakes. Counseling patients on the safe use of this technology and being aware of the possibility of encountering dubious and even harmful images online is of the utmost importance.



However, we must take care not to be doomsdayers who criticize all technological development as anathema. There are benefits to the incredible ability to generate novel images with simple keystrokes. Research has consistently demonstrated that creativity can be an engine for happiness, and generative AI has now created an entire realm of creativity that was unimaginable just a few years ago. Patients can utilize such technologies to alleviate boredom, process stressful moments, and self-actualize in artistic pursuits.

Similarly, whether taking a picture of your fridge to ask for healthy recipes or taking a picture of a broken bike to ask how to fix it, it is clear that AI models that can process visual media will also benefit many individuals. It is our job as psychiatrists to stay up to date on how our patients are using the technology and to stay vigilant about its inherent risks as well as its perceived benefits. Psychiatrists can begin by using the technology themselves, speaking to their patients about it, and researching the best ways this technology can improve mental health. If we aren't taking part in the conversation, it will happen without our input. **PN**

"OpenAI's ChatGPT Now Has 100 Million Weekly Active Users" is posted at https://techcrunch.com/2023/11/06/openais-chatgpt-now-has-100-million-weekly-active-users/. "Forecasting Potential Misuses of Language Models for Disinformation Campaigns and How to Reduce Risk" is posted at https://openai.com/research/forecasting-misuse.

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Each family is different: Some can benefit just from motivational interviewing on how they can get outdoors, but for others the SHINE program may be their only opportunity to access green space.

"Our goal is to let the kids play and let the parents relax," she said. "It's been an amazing experience. For over 10 years, thousands of youth have gone outside [as a result of the program]. Some kids come once, and some kids have come every month for 10 years."

Razani and her colleagues have conducted several studies on SHINE and have found that each park visit decreases cortisol levels in both the child and parent, reduces loneliness and stress in the parents, and increases resilience in the children.

"What we have also found is that we don't always need to facilitate the outings for patients to get the benefit of nature," she said. "Even those who just spoke with a clinician about getting outside increased the number of times they went to parks on their own." The findings were published in *PLoS One* in 2018 and *Health and Place* in 2019.

'It Belongs to Everyone'

Within the last five years, the movement to connect or reconnect children with nature has gained even more momentum, Razani said. That's understandable, because many people experience the benefits of nature in their own families on an emotional level. Yet Razani continues to emphasize the importance of focusing on research.

"We want to be careful in how we talk about it because if we try to be too broad and make too big of a claim about nature's impact, some circles may view it as akin to snake oil, which is not true or appropriate," she said. "If we are asking physicians to talk about nature during the 15 minutes they have with their patients, we need to justify that. We need evidence on how to implement this on a public health level to justify public time and dollars going toward it."

Yet she also pointed to the real fear of overmedicalizing access to nature. "I want my research to be part of a movement that promotes the idea that access to nature is essential for children because it belongs to everyone, and there should be no gatekeeping associated with it," she said. "It's about reclaiming what humans have experienced for millions of years." **PN**

"Psychological Impacts of 'Screen Time' and 'Green Time' for Children and Adolescents: A Systematic Scoping Review" is posted at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7473739/pdf/pone.0237725.pdf. Research conducted by the Center for Nature & Health is posted at https://www.centerfornatureandhealth.org/research. "Bibliography: Nature's Role in Promoting Resilience, Regulation, and Recovery" is posted at http://apapsy.ch/nature-and-green-space.

Clozapine

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REMS has been a source of enormous trouble, sometimes resulting in delays in patients receiving a medication that is regarded as the most effective for treatment-resistant schizophrenia.

Moreover, many believe the risk of neutropenia has been vastly overstated; a November 2023 epidemiologic report on neutropenia among clozapine users in New Zealand and Australia in *Lancet Psychiatry* found that most serious neutropenia leading to clozapine cessation occurs within 18 weeks of treatment and becomes negligible after two years. "Weekly hematological monitoring after the first 18 weeks could be safely reduced to once every four weeks and ceased after two years unless clinically indicated," the report concluded.

As part of the reevaluation, the FDA has funded a study by Brigham and Women's Hospital that includes an analysis of clozapine utilization, adherence to the REMS requirement for monitoring of absolute neutrophil count (ANC), and clinical outcomes.

"The risk of severe neutropenia at two years treatment becomes negligible," said Robert Cotes, M.D., physician expert for SMI Adviser, APA's clinical support system for serious mental illness. Eliminating the need for monitoring after two years "could be a substantive modification to the system."

In addition, the FDA is conducting a study in collaboration with the Veterans Health Administration to better understand the incidence and severity of neutropenia in patients taking clozapine; it is also conducting a study using the Sentinel to better understand adherence to monitoring requirements. (The FDA uses Sentinel data to evaluate the safety of medical products and learn more about potential side effects.)

"All three studies are currently ongoing, and we expect the findings from these studies to be complete within the next year," according to the FDA. "The agency intends to take appropriate regulatory action, as needed, based on its reevaluation of the clozapine REMS."

APA Advocacy Was Crucial

Prescribers who spoke with *Psychiatric News* said that the reevaluation is the result of advocacy by APA and other professional groups. "I was really glad to see that the FDA took this action, and if it is going to make significant changes in the hematological monitoring requirements, this [reevaluation] is the way it will happen," said Robert Cotes, M.D., "I think it's an example of effective advocacy by APA and other professional organizations to get us to this recent update from the FDA."

Cotes is an associate professor of psychiatry at Emory University School of Medicine and physician expert for SMI Adviser, the clinical support system for serious mental illness that is funded by the Substance Abuse and Mental Health Services Administration and administered by APA.

Last year APA filed a Freedom of Information Act (FOIA) request to the FDA seeking information about administration of the REMS and the REMS website and how the FDA is assessing whether the REMS is even still necessary (see *Psychiatric News,* https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/information-clozapine).

APA filed the FOIA request on its own but has worked in concert with other organizations concerned about the REMS, including the American Association for Community Psychiatry, American Psychiatric Nurses Association, College of Psychiatric and Neurologic Pharmacists, National Alliance on Mental Illness, National Association of State Mental Health Program Directors, and National Council for Mental Wellbeing. In letters to the House Energy and Commerce Committee and the Senate Health, Education, Labor, and Pensions Committee, APA and its partners requested a wholesale reconsideration of REMS.

APA will host a Policy and Practice Insight webinar about the clozapine REMS on January 17. For information about registration, go to https://www.psychiatry.org/psychiatrists/meetings/policy-practice-insights-webinar-series.

Neutropenia Risk Exaggerated

"It's not an exaggeration to call clozapine a miracle drug, yet few psychiatrists prescribe it, and it's not a mystery why," said Melissa O'Dell, M.D., an assistant professor of psychiatry at the University of Nebraska Medical Center (UNMC). "The clozapine REMS is a nightmare for prescribers and patients alike."

She added, "The number of patients with treatment-resistant schizophrenia who could benefit from clozapine but don't have access to this lifesaving drug is unacceptable."

She is the founder and director of Active Support for Psychosis in Recovery (ASPIRE), a multidisciplinary clinic for people with psychotic disorders at UNMC, and an APA Assembly representative from Nebraska.

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Journal Digest

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Researchers at the Ottawa Hospital Research Institute in Canada and colleagues examined retrospective data of all seniors aged 65 and older who resided in an Ontario long-term care facility and had at least one comprehensive medical assessment of their health, functioning, and cognition conducted between 2016 and 2018. The sample included 92,005 long-term care residents, of whom 2,816 (3.1%) met criteria for probable delirium during their assessment.

Residents who had probable delirium had about 50% increased odds of cognitive decline across the next 12 months compared with residents without delirium. Those with both probable delirium and dementia had the highest risk of cognitive decline, followed by residents with a dementia diagnosis without probable delirium, and then residents with probable delirium without a dementia. Residents with probable delirium were also more likely to die within the year of the assessment than those without delirium (52.5% versus 23.4%).

The researchers said that the poor baseline health and frailty of adults in long-term care may make them highly susceptible to delirium and its adverse short- and long-term effects.

"Considering that some episodes of delirium may be preventable, these findings underscore the need for delirium prevention strategies in long-term care," they wrote.

Webber C, Milani C, Pugliese M, et al. Long-Term Cognitive Impairment After Probable Delirium in Long-Term Care Residents: A Population-Based Retrospective Cohort Study. *J Am Geriatr Soc.* November 19, 2023. Online ahead of print. https://agsjournals.onlinelibrary.wiley.com/doi/10.1111/jgs.18675

Getty Images/iStock/OKADA

Time of Light Exposure Found to Have Different Mental Health Impacts

Increased exposure to light at night-time is associated with higher risk of psychiatric disorders, including depression, posttraumatic stress disorder (PTSD), psychosis, and self-harm, according to a report in *Nature Mental Health*.

Increased exposure to daylight, in contrast, is associated with a decreased risk of these problems.

"Avoiding light at night and seeking light during the day may be a simple and effective, nonpharmacological means of broadly improving mental health," wrote the study investigators. The study was conducted by a team at Monash University in Melbourne, Australia, and colleagues.

The investigators made use of a UK Biobank project in 2013 in which over 100,000 participants of this ongoing biomedical registry wore a special watch to measure movement, sleep, and light exposure across one week. Of this group, 86,631 participants had sufficient day and night data for analysis. The participants were then divided into quartiles based on their amount of daylight or nightlight exposure, in lux (lumens per square meter).

The investigators found that increased exposure to daylight or nightlight had opposite effects on psychiatric disorder risk. For example, individuals in the brightest nightlight quartile had about a 30% higher risk of depression and self-harm compared with the lowest quartile. Individuals in the brightest daylight quartile had about a 20% lower risk of depression and self-harm compared with the lowest quartile.

"Remarkably, these associations were independent and additive. For example, greater night-time light exposure was associated with increased odds of [major depression] even for those in the brightest daytime light quartile," the investigators wrote. "These associations were also independent of demographic, physical activity, photoperiod [daylight hours], and employment covariates."

Burns AC, Windred DP, Rutter MK et al. Day and Night Light Exposure Are Associated With Psychiatric Disorders: An Objective Light Study in >85,000 People. *Nat. Mental Health.* 2023; 1: 853–862. https://www.nature.com/articles/s44220-023-00135-8

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O'Dell said that aside from many administrative problems with the REMS, the requirements for lifelong monitoring for neutropenia are unjustified. "It just doesn't make sense when you look at the actual risk of neutropenia," O'Dell told *Psychiatric News*. "It's a lot lower than we used to think it was, is comparable to other antipsychotics, and neutropenia tends to happen in the first year of treatment. There is very little justification for how the REMS program is currently set up, and in my view it's questionable whether there is any justification for a REMS."

After the updated REMS went into effect in November 2021, prescribers experienced increased administrative time navigating the REMS website, seeking authorization for prescriptions, and trying to get questions answered. Pharmacies had problems with the enrollment process and delays and difficulties getting authorization for individual prescriptions.

Because of those problems, the FDA temporarily suspended some of the revised REMS requirements through "enforcement discretion." The suspension, still in place, allows pharmacists to dispense clozapine without a REMS Dispense Authorization (RDA) and wholesalers to continue to ship clozapine to pharmacies and health care settings without confirming enrollment in the REMS.

"It's not an exaggeration to call clozapine a miracle drug, yet few psychiatrists prescribe it, and it's not a mystery why," said Melissa O'Dell, M.D. "The clozapine REMS is a nightmare for prescribers and patients alike."

But O'Dell and Cotes both said that, for a variety of reasons, in practice the "enforcement discretion" has had little or no effect on making it easier to prescribe clozapine.

"I have had patients who were directly harmed by the REMS because they were not able to get their clozapine in time and suffered withdrawal and worsening psychosis," O'Dell said. "As a clozapine champion, one of my biggest frustrations is that there is a very limited number of psychiatrists willing to prescribe clozapine because the REMS makes it so hard."

Cotes said he believes lifelong blood monitoring should not be required. "The risk of severe neutropenia at two years treatment becomes negligible," he said. "That could be a substantive modification to the system."

He added, "I think the FDA could consider a different implementation of REMS. An educational REMS might require that prescribers review educational material, attest that they understand the monitoring requirements, but then do the monitoring themselves. I think psychiatrists and other prescribers can monitor this on their own without a system that mandates they submit labs to the REMS." **PN**

A copy of the FOIA request is posted at http://apapsy.ch/FOIA-request. Information about the FDA reevaluation is posted at http://apapsy.ch/FDA-reevaluation. "Evaluating the Epidemiology of Clozapine-Associated Neutropenia Among Clozapine Users in Australia and New Zealand: A Retrospective Cohort Study is posted at https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(23)00343-7/fulltext. The SMI Adviser website is smiadviser.org.