

MENTAL HEALTH WEEKLY

Essential information for decision-makers

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Texas disability and mental health advocates are in an uproar over a new state policy that allows the open carrying of guns in state psychiatric hospitals. The law, which went into effect on January 1, also prohibits agencies from posting signs telling people that they cannot carry guns on their property. Patients with mental health issues should not be exposed to weapons of any kind, say advocates, who fear it could hamper treatment and recovery efforts.

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New Texas policy to allow guns into psychiatric hospitals fuels anger, concern

At first, one might think there's been some sort of mistake, but on January 1, 2016, Texas lawmakers passed a new law that allows the open carry of guns in state psychiatric hospitals, leaving disability and mental health advocates shaking their heads and wondering what the rationale behind such a policy would be.

Texas became the 45th and most populous state to allow some form of open carry of handguns, according to *The Guardian*. The law repurposes concealed handgun licenses as "license to carry," meaning that license holders in Texas may now visibly carry guns in hip or shoulder holsters in many public places.

The pieces of legislation, HB 910 and SB 273, respectively allow for open carry with certain excep-

Bottom Line...

Although the state legislature only convenes biennially, local advocates and disability groups intend to press their cause and persuade policymakers to reconsider their position on the "open-carry" law.

tions, and prohibit state agencies from posting signs telling people they cannot carry guns on their property (unless they were prohibited to do so under the law), according to the Texas Department of State Health Services (DSHS).

"Previously, we were able to post signs disallowing guns on campus," Carrie Williams, DSHS spokesperson, told *MHW* in a statement.

See **TEXAS** page 2

Program targets young adults with home-based skill building

Building on the success it is seeing in delivering home health care services to patients in its core mental health programs, the Evanston, Ill.-based Yellowbrick is about to begin offering home-based services to a wider variety of struggling young adults in the community.

The Core Competence Home Healthcare Services program contemplates a number of scenarios for

which its target population could use assistance, from an individual leaving an inpatient stay and needing transitional help to someone living with his/her parents and exhibiting signs of the much-discussed "failure to launch."

"We're going to be providing this service for people not necessarily receiving services at Yellowbrick," CEO Jesse Viner told *MHW*. "We've already been doing this for our own patients for 10 years."

The self-pay program located in Chicago's northern suburbs generally serves individuals in their late teens to early 30s who, Viner says, "for various reasons become derailed in their developmental trajec-

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Bottom Line...

Leaders of the Illinois mental health facility Yellowbrick believe that life skills lessons for young adults can take hold much more effectively when the services are delivered in the individual's home environment.

Texas from page 1

“State hospitals are not one of the exceptions outlined under HB 910.”

With the new law in effect, department officials have put up signs at the state hospitals asking licensed gun holders to conceal their firearms or leave them safely in their vehicles before going into the hospitals, said Williams.

Williams added, “While licensed visitors are legally permitted to carry on our hospital campuses, our patients are being actively treated for psychiatric conditions and generally it’s best not to expose them to weapons of any kind.”

The new laws do not impact private mental health hospitals, said Williams. “There is an exemption for them [licensed hospitals] in the law,” she noted.

The DSHS can and does have employees standing by and monitoring during a visit, either in the room or very close by, on a case-by-case basis, noted Williams. “We also restrict parts of the campus to visitors,” she said. Visitors are not allowed on the units, just in the designated visitor areas, she added.

Advocates weigh in

The new law could potentially create a volatile situation and impact patient care, say advocates. “Entering guns into the treatment space is

compromising the safety of our patients,” Greg Hansch, public policy director for the National Alliance on Mental Illness in Texas, told *MHW*.

“We are strongly opposed to this new law and have grave concerns about it,” Hansch said. He noted that trauma patients may experience some type of adverse reaction brought on by the sight of a gun. About 90 percent of mental health patients have experienced some form of trauma, he said. “Up to two-thirds of people with mental illness are in substance abuse treatment,” he said. “There’s a growing body of evidence that suggests that services be trauma-informed.”

Another concern revolves around safety, he said, adding that suicide constitutes many of the gun-related deaths in the United States. “Suicide is the 10th-leading cause of death in the U.S.,” Hansch said. “The vast majority of people who die by suicide have a mental illness.”

Hansch noted that NAMI Texas is located on the same grounds as the Austin State Hospital facility, the oldest state psychiatric hospital in Texas. “It’s not in the patient care unit, but in the administrative office building,” he said.

The Texas law also extends to the 13 supportive living centers across the state that provide residential care to people with develop-

mental disabilities, Hansch said. NAMI Texas is partnering with the Coalition of Texans with Disabilities to coordinate their message in opposition to new policy. Both groups have been active on social media and are preparing an op-ed for the *Austin American-Statesman*, he said.

Meanwhile, an editorial in *The Dallas Morning News* on January 13 read, “Keeping guns away from the mentally ill is *precisely* what the hospitals are trying to do — by keeping them out of their buildings. It is recalcitrant lawmakers and gun rights supporters who have turned this into a big mess.”

Treatment interference

The new law will no doubt create undue stress for individuals residing in state hospitals and supportive living centers, said Beth Mitchell, supervising attorney for Disability Rights Texas. “This will only hinder the rehabilitation and treatment of individuals receiving services at these facilities,” Mitchell told *MHW*.

“It’s a terrible idea,” said Mitchell. “For patients, seeing guns might trigger some of the trauma they received as well as for clients who have been in abusive relationships.”

Added Mitchell, “I can’t imagine that there are states that would find this a reasonable law. We’re trying to

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WILEY

get public support to get state government to change its position. The state legislature needs to relook at this and exclude these types of institutions from open carry.”

National perspective

Brian Hepburn, M.D., executive director of the National Association of State Mental Health Program Directors (NASMHPD), says a gun is the last thing anyone would want to introduce into an environment where someone might hurt themselves. “All it takes is one mistake and you could have a terrible incident,” Hepburn told *MHW*. “This must be an oversight.”

Hepburn added, “It’s unfortunate. I don’t think any legislator who supports ‘open carry’ would want to take the risk of somebody admitted to a psychiatric hospital gaining access to guns. I’m hopeful this gets resolved quickly.”

On January 11, NASMHPD queried states about their policy for allowing visitors and staff to carry guns, concealed or openly, in state psychiatric hospitals, said Hepburn. At *MHW* press time, 44 states have responded and 43 states do not allow visitors to carry guns, concealed or open, in state psychiatric facilities, Hepburn said.

“Utah law allows visitors and staff to carry guns, concealed or

‘It sounds like some kind of satire. What were they thinking? This should be of great concern to the citizens of Texas, patients and their families.’

Steven Sharfstein, M.D.

openly, but they cannot be brought into secure buildings, so lock boxes are provided,” he added.

South Carolina, Maryland

Like Texas, South Carolina is an open-carry state, but licensed gun owners are not permitted to carry weapons inside psychiatric facilities, Mark Binkley, deputy director of the South Carolina Department of Mental Health, told *MHW*.

Law enforcement officials do have department-issued weapons when they are patrolling the facilities, said Binkley. Most patients are delivered to the hospital by local enforcement agencies; however, there are no weapons allowed inside the facilities, Binkley noted. “It’s a matter of safety,” he said.

The president and CEO of Sheppard Pratt Health System in Baltimore calls Texas’ new law “anti-therapeutic.” It creates anxiety and

concern on many different levels, the least of which is that something [might] happen accidentally,” Steven Sharfstein, M.D., told *MHW*. “It doesn’t make sense to me.”

At Sheppard Pratt, firearms are not allowed, concealed or open, he said. Police officers must check their firearms at the door, noted Sharfstein. “They usually comply,” he said. There are also no metal screenings at the facility like what’s provided at airports, said Sharfstein, former president of the American Psychiatric Association. “We expect and assume people will not carry open firearms,” he said.

Of the gun policy in Texas, Sharfstein said, “I’m astonished. I understand patients and employees won’t be able to do this. It sounds like some kind of satire. What were they thinking? This should be of great concern to the citizens of Texas, patients and their families.” •

ACMHA changes name, broadens direction beyond BH

Citing an evolving health field and the need to broaden its message and create new leadership opportunities, ACMHA: The College for Behavioral Health Leadership has changed its name and removed the acronym.

Now known as The College for Behavioral Health Leadership, the nearly 40-year-old organization has also updated its website and URL (www.leaders4health.org) to reflect the dynamic processes in the field, say leaders.

As stated on its updated website,

Bottom Line...

The College leaders say they intend to further integrate behavioral health into the “larger fabric” of health delivery.

the College’s mission is to be a neutral convener of diverse leaders concerned with public and population health, including promoting best practices, and be an incubator for innovation. Its vision is to be recognized as the premier forum for convening and cultivating diverse health

leaders and the exchange of innovations that impact the health and wellness of people and communities.

The College has long sought to change the conversation and establish the case for behavioral health’s role in population-based interventions and build alliances with public health entities (see *MHW*, Dec. 10, 2012).

“Our goal is to move beyond behavioral health,” Kris Ericson, executive director of the College, told *MHW*. Health in general cannot be

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put into silos, she said. Historically, behavioral health has not always been at the table promptly with everyone else. Now that table is open to everyone. “We want to talk to everybody,” Ericson said.

Ericson added, “We’re trying to continue the conversation. It’s not about looking for exclusivity. We’re looking to bring together disparate groups [to discuss] critical issues regarding treatment and behavioral health and moving the dialogue further.”

That goal will likely be evident during the College’s first symposium on January 20 in Washington, D.C. The Population Health Symposium for Behavioral Health and Primary Care is a one-day event designed to explore the components of population health and how behavioral health and primary care can work to impact the triple aim of improving care for individuals, reducing costs and improving health, organizers said.

The College is co-hosting the symposium with two sections of the American Public Health Association (APHA): Mental Health, and Alcohol, Tobacco, and Other Drugs, noted Ericson. The APHA is working on getting behavioral health into the bigger health conversation in the same way that the College is doing, she said.

“The symposium focuses on enhancing relationships between behavioral health and primary care providers,” she said in an interview before the event.

Ericson added, “We have not been as attentive as we could have because we focus on treatment and high-needs care. You have to address all people’s needs. You have to be sure it involves treatment, social determinants of health and all mental health.”

“I am excited to see organizations, insurers and providers are coming together to say to people, ‘We understand your health is not just about physical treatment but

also about behavioral health,’” Ericson said.

The College is actively recruiting new members, said Ericson. “Our goals are to continue to expand the conversation so that all of us are working together on these issues,” she said. “We want to find other partners and like-minded people.”

Changing field

The name change is about keeping a little bit of the old and embracing the new, said Ron Manderscheid, Ph.D., executive director of the Na-

‘I am excited to see organizations, insurers and providers are coming together to say to people, “We understand your health is not just about physical treatment but also about behavioral health.”’

Kris Ericson

tional Association of County Behavioral Health and Developmental Disability Directors, told *MHW*.

“In the early years, ACMHA served ‘mental health administrators,’” said Manderscheid. More recently, it has moved on to a much stronger policy focus and mentoring of emerging behavioral health leaders, he said. “In the future, it will include people from primary care, public health, etc., because of changes in the field due to integration,” Manderscheid noted.

The College’s emphasis on inte-

gration has been the focus of three previous summits, noted Manderscheid. Colette Croze, MSW, of Croze Consulting and president of the College, played a pivotal role in the strategic planning of the College mission, Manderscheid noted.

“Our role had to change in the field,” said Manderscheid, whose role as ACMHA president ended two years ago. “We’re going forward. We have to engage in things we haven’t done.” The symposium is a good example, he said.

The symposium, said Manderscheid, will involve training on the implementation of population models. “There’s a lot of interest in population health,” he said. “By doing this [symposium] you create a new role for the College and connect with people you wouldn’t see otherwise.” The symposium will attract representatives from the behavioral health field, primary care, nursing and public health, he said. •

For more information about the College of Behavioral Health Leadership, email Kris Ericson at kericson@leaders4health.org.

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tory.” He added, “We take a developmental approach rather than a syndromal approach. Everyone who’s here is facing the same universal developmental challenges. The core of treatment is ‘How do we understand the person’s vulnerabilities and strengths?’”

Team approach

Dana Bender, Yellowbrick’s director of core competence services, told *MHW* that while home health care services traditionally have been mainly about nursing care, these services are more focused to building life skills. Occupational therapists and a dietitian will be part of the team that works with individuals in the new program, and the young adults also will have access to educational and career counseling.

Individuals living within 10 miles of Yellowbrick's Evanston campus will be eligible to receive services. This is believed to be the first private psychiatric home health care service offered in its region. Initial assessments by an occupational therapist and a psychiatrist will cost families \$500, with home visit costs ranging from \$125 to \$200 an hour.

Bender said the individuals to be served in the expanded effort may be those who do not need the structure of an intensive outpatient program, or perhaps do not feel they are ready for that. They may be individuals who struggle to follow through on goals, "and sometimes just having another person with them can help them do things successfully," she said.

Gaining a clearer picture of the home environment can pay huge dividends for the professionals working with young adults, Bender explains. "If you come into group at our clinic, there will be discussions of topics such as nutrition and grocery shopping. You can talk all day about these things, but if you're not in there with them, you don't see the obstacles they face," she said.

The home visits may help the young person overcome the secrecy and embarrassment surrounding his/her unfulfilled aims, Bender said. "Now somebody else knows, so maybe they can start chipping away at it piece by piece," she said.

The team will work with the

young person to repeat tasks and build skills until the person is able to achieve independently. "Maybe someone doesn't know how to run the dishwasher, or do the laundry," Bender said.

Family members also are engaged in the process, with Yellowbrick organizing formal meetings with families on a monthly basis.

Bender said that since Yellowbrick announced its intention to extend its home health services beyond its core population, she has heard from many people with comments such as "I know somebody living in his parents' basement, and he has so much potential."

said that some of these individuals may have stayed only a few days in a hospital after what had amounted to a major "explosion in life," and "these people really need help on the other side." Some of that help will be in the form of health and wellness advice, some will focus on building independent living skills, and some might involve cognitive rehabilitation through activities such as engaging computer games, he said.

Yellowbrick also operates an education and career development center with a focus on areas such as interview preparation and job coaching. It works with area employers to provide apprenticeships

'There's uncertainty over who they will attach to, or if they will just sit in their room.'

Jesse Viner

Averting crisis

Viner stated in a news release about the expanded initiative, "The goal of the Core Competence Home Healthcare program is to reduce the suffering, impairment and cost of major psychiatric episodes and residual mental illness." Some of those targeted in the program will be individuals returning home from a hospital stay triggered by a suicide attempt or other crisis.

In his comments to *MHW*, Viner

for its clients, and also will pay a number of hours in order to subsidize a client's more extended placement with an employer, Viner said.

Another target group for the expanded home health effort might be individuals transitioning to college and at risk of not building important relationships if they don't receive the proper level of support. "There's uncertainty over who they will attach to, or if they will just sit in their room," Viner said. •

College-aged adults less concerned about mental health stigma

College-aged adults (18–25) are more likely to visit a mental health professional compared to older adults (18 percent vs. 11 percent), and more likely to view seeing a mental health professional as a sign of strength compared to older adults (60 percent vs. 35 percent), according to an online survey conducted by Harris Poll.

The Mental Health and Suicide Survey was conducted by Harris Poll

on behalf of the Anxiety and Depression Association of America (ADAA), the American Foundation for Suicide Prevention and the National Action Alliance for Suicide Prevention between August 10 and August 12, 2015, among 2,020 adults over 18. The responses are filtered for college-aged adults (18 to 25) compared with the responses of older adult survey participants (26+).

The survey found that college-

aged adults have more accepting views of mental health care than older adults, but they still see challenges when it comes to access care.

"What we're seeing is less mental health stigma in the younger generations than we saw previously," Anne Marie Albano, Ph.D., a board member of the ADAA and a child and adolescent psychologist. The cohort of college students entering

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college now have been hearing and talking about mental health more than previous generations. The Internet and social media are breaking down barriers for people and enabling many to talk about their own condition, she said.

“Colleges are much more open to providing services for youth,” she said. “They have always offered support in a variety of ways, such as mental health care and various types of accommodations for individuals with mental health.”

Notre Dame, for example, provides support counselors to go to the dormitories to meet with students experiencing anxiety or depression, she said. “They’ll work with them and help them adapt to college life, rather than them being sequestered in their rooms and potentially dropping out of college,” Albano said.

“Universities are being proactive in recognizing there are special needs associated with mental illness conditions,” she said. Results from the nationwide poll reveal that students are saying “I need help,” she said.

It’s also important that ADA and other mental health organizations work hard to help parents understand to not be ashamed if their child has a mental illness, noted Albano. “We don’t want them to keep anxiety and depression [in their children] a secret,” she said.

Albano added that parents need to break through their own barriers and fear of what stigma is and recognize that there’s strength in seeking help. They should check on the resources that may be available at the colleges and universities. “Parents should not stand in the way of kids

getting the help they need,” she said.

Albano said she was pleased that 60 percent of college-aged adults surveyed said seeking mental health showed a sign of strength. “That was music to my ears,” she said. “It’s saying that they recognize that doing something as opposed to doing nothing is beneficial.”

Survey findings

Overall, more than two in five college-aged adults have been formally diagnosed with a mental health condition by a doctor/health care professional, with common diagnoses being depression (33 percent) and anxiety disorder (27 percent).

care as something most people can’t afford, and 33 percent view it as inaccessible for most people.

Community services needed

“In communities where the millennial generation lives, we have to start figuring out ways for them to have access to services,” Albano said. The challenge is the need for more evidence-based services, Albano said.

“As mental health professionals, psychiatrists, psychologists and social workers, we have to take on the goal of getting evidence-based practices and making them be standard to what our new professionals are

‘We have to get everybody on board and give people the best chance to recover from mental illness.’

Anne Marie Albano, Ph.D.

While two in five adults have been diagnosed, nearly two-thirds (65 percent) admit that they have thought they may have had a mental health condition at some point. Nearly two in five (43 percent) presumed they had anxiety disorder, while half (50 percent) considered that they may have had depression.

These emerging adults overwhelmingly feel that mental health and physical health are equally important for their own health (87 percent), and one in 10 view mental health as more important than physical health.

Altogether, 46 percent of the younger adults view mental health

learning in graduate school,” said Albano. “We have to make evidence-based practices widely available throughout the community.”

The state licensing board needs to require it, she said. Regarding the Affordable Care Act (ACA), therapists have to track outcomes and provide much more descriptive information about what they’re doing for patients with mental health issues, Albano said. “We have to get everybody on board and give people the best chance to recover from mental illness,” she said. “The ACA is about accountability as much as it is about increasing access to services.” •

Partnership addresses unmet MH needs of students of color

Black students feel less academically and emotionally prepared for college than their peers, and are less likely to reach out for support, according to the results of a national

Harris Poll survey released January 13. The new findings have prompted two mental health organizations to collaborate to provide recommended practices to colleges and

universities to improve mental health support for this population.

The partnership is between the Jed Foundation, a nonprofit working to protect the emotional health of

students at colleges and universities, and the Steve Fund, a philanthropic organization that promotes the mental health of young people of color.

“We already knew that students of color are feeling marginalized in terms of campus life and not ready to be on campuses emotionally,” Victor Schwartz, M.D, medical director of the Jed Foundation, told *MHW*. Black students, particularly males, are reluctant to reach out emotionally when they’re experiencing stress, said Schwartz. There is a great deal of speculation on the causes, but it may have something to do with students not wanting to let their families down in many cases, he said.

“The survey affirmed things that we already thought to be the case,” said Schwartz. To counteract that feeling of marginalization, the Jed Foundation and Steve Fund will develop a survey of schools, counseling services and student services to determine effective programs and interventions that will support the mental health of students, said Schwartz.

Both organizations will also work with McLean Hospital in Belmont, Mass., to review current literature regarding students of color and mental health. “We want to hear about approaches to programming that are going to make a difference,” Schwartz said.

Once the data are compiled, the organizations will develop a comprehensive set of recommended practices for improving support for the mental health of students of color on college campuses, officials said.

Survey results

The survey was conducted by Harris Poll between March 25 and April 17, 2015, among 1,502 students 17 to 20 years old currently attending a two-year or three-year college and currently a first-year student/freshman in their second term.

The results of the survey were reanalyzed and conducted by JED, Partnership for Drug Free Kids and The Jordan Porco Foundation.

Among the findings, Caucasian students are more likely than black and Hispanic students to say they have ever been diagnosed or treated for depression (25 percent vs. 16 percent and 18 percent) and anxiety (27 percent vs. 12 percent and 17 percent).

Other key findings:

- Black students are more likely than Caucasian students to report feeling overwhelmed most or all of the time (51 percent vs. 40 percent).
- Black students are more likely than Caucasian students to say they tend to keep their feelings about the difficulty of college to themselves (75 percent vs. 61 percent).

- Black students were less likely than Caucasians to regularly consume alcohol (16 percent vs. 26 percent) and less likely to report regularly consuming illegal drugs (0 percent vs. 3 percent) during their first term.

“The partnership between the Steve Fund and The Jed Foundation will allow us to make significant progress in addressing an alarming deficit in effective, culturally relevant and broadly-adopted mental health programming for students of color in our nation’s colleges and universities,” Evan Rose, president of the Steve Fund, said in a press release. •

Survey results can be found at <http://settego.org/the-research>.

BRIEFLY NOTED

Local health departments important to mental health care

A nationally representative analysis indicated local health departments that provide health care services are more likely to perform mental health activities, though many departments engage in mental health activities, *Psychiatric Annals* reported January 11. “Mental health has been recognized as a public health priority for nearly a century,” Jonathan Purtle, DrPH, MPH, MS, of the Drexel University School of Public Health, and colleagues wrote in the new study in the January issue of *Preventive Medicine*. “Little is known, however, about what local health departments do to address the mental health needs of the populations they serve.” The most common mental health activities performed by health departments were assessing gaps in access to mental health care services (39.3 percent) and implementing strategies to improve access to mental health care services (32.8 percent). Local health departments that provided mental health care services were significantly more likely to perform population-based

mental illness prevention activities and engage in policy/advocacy activities to address mental health.

STATE NEWS

Arizona sheriff seeks more mental health support

There were two cases in Arizona in the first week of January in which law enforcement engaged with men with mental illness, prompting concern from the Pima County sheriff about the current state of mental health care and support, *Tucson News Now* reported January 7. Deputies handled approximately 12,000 calls with some sort of connection to mental illness last year, according to Sgt. Terry Staten, head of the Mental Health Support Team (MHST) unit. He said his team is unable to connect with as many individuals with mental illness as he would like. Some people have multiple red flags from previous interactions with family, friends, neighbors or even deputies, but Staten said they are not a priority for his team until they’ve had four to five issues. Sheriff Chris Nanos said every deputy goes through an eight-hour training course in mental health first

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aid and awareness. On top of that, members of the SWAT and MHST teams complete a 40-hour Critical Response Team certification. Clarke Romans, executive director of NAMI of Southern Arizona, said this region of the United States has tremendous resources and health care providers. However, he said an issue that families and individuals face is what he calls “silo’d care,” where various agencies do not communicate as well as they should. “What we’re missing in the community is this continuity of care,” he said. Mental illness should have the same sort of follow-ups and checkups that are expected in other illnesses like heart attacks and heart disease, said Romans.

New Jersey providers applaud ‘historic’ funding increase

The New Jersey Association of Mental Health and Addiction Agencies Inc. (NJAMHAA) is applauding Governor Chris Christie’s announcement on January 12 to pledge \$100 million toward mental health and substance abuse services. “The funding increases of 30 to 50 percent for some services — and even greater in some cases — will make a significant, even life-saving difference,” Debra Wentz, Ph.D., president and CEO of NJAMHAA, said in a statement. “The \$100 million will be used to provide competitive rates for services and providers. NJAMHAA has been a persistent advocate for adequate funding for years and we are gratified that the governor understands why this has to be and how it translates into serving people. This is heartening and it is a testament to his leadership.”

Florida NAMI launches new campaign to raise MH funds

The Mental Health Association of Florida on January 7 launched a campaign to lobby lawmakers for more spending. The #ElectHealthFL campaign is calling on Floridians to contact elected officials and ask for more funding. Depending on who you ask, Florida either ranks 49th or 50th in

Coming up...

The **American Group Psychotherapy Association** is hosting its 2016 annual meeting, “Transformation in Group: From Isolation to Connection,” **February 22–27 in New York City**. For more information, visit www.agpa.org.

The IT Project annual conference of the **New Jersey Association of Mental Health and Addiction Agencies (NJAMHAA)** will be held **March 2 in Edison, N.J.** NJAMHAA will also hold its 2016 annual conference, “Innovating for Progress, Partnering for Solutions,” **April 13–14 in Iselin, N.J.** Visit www.njamhaa.org/events for more information.

The **National Council for Behavioral Health** will hold its annual conference **March 7–9 in Las Vegas**. For more information, visit www.thenationalcouncil.org/events-and-training/conference/register.

The **29th Annual Research & Policy Conference on Child, Adolescent, and Young Adult Behavioral Health** will be held **March 13–16 in Tampa, Fla.** Visit <http://cmhconference.com> for more information.

The **US Psychiatric Rehabilitation Association** will hold its 2016 Recovery Workforce Summit, “The State of Recovery in the World of Psych Rehab: Our Collective Vision Put Into Action,” on **May 22–25 in Boston**. For more information, visit www.uspra.org.

per-person mental health funding, Health News Florida reported. Either way, at \$37 per person, Florida spends one-third of what Mississippi spends and one-tenth of what Maine puts in. And last year, an investigation by the *Tampa Bay Times* and the *Sarasota Herald-Tribune* found that budget cuts and neglect at state mental hospitals led to 15 deaths. From 2010 to 2014, lawmakers cut \$140 million for mental health and sub-

stance abuse treatment, according to the Florida Community Health Action Information Network. “We’re also seeing that among the half million adults with serious mental illness in Florida, only about 36 percent receive treatment,” said Sita Diehl, director of state policy with the National Alliance on Mental Illness. “That’s just two-thirds of the national average. And for a major state like Florida, that’s a national disgrace.”

In case you haven’t heard...

While endorphins may get all the credit for your post-run buzz, there’s actually a lot more going on behind the scenes, CNN reported January 13. When your body comes under stress or experiences pain, neurochemicals called endorphins are produced in the brain’s hypothalamus and pituitary gland, explains J. Kip Matthews, Ph.D., a sport and exercise psychologist. Endorphins, which are structurally similar to the drug morphine, are considered natural painkillers because they activate opioid receptors in the brain that help minimize discomfort, says Matthews. They can also help bring about feelings of euphoria and general well-being. “Endorphins are also involved in natural reward circuits related to activities such as feeding, drinking, sexual activity and maternal behavior,” he said. A recent German study found that while endorphin levels are higher after a run, endorphins can’t pass through the blood-brain barrier, which means they probably don’t have much to do with experiencing an exercise high. What does affect the brain, researchers found, is a neurotransmitter called anandamide, which is elevated after exercise and can travel from the blood to the brain.