MENTAL HEALTH WEEKLY
Essential information for decision-makers

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In This Issue...

Study of jails finds deficiencies in mental health screening, care

The region of the United States with among the highest rates of incarceration in local jails also features extremely limited mental health resources in these facilities, the results of a newly published study suggest. In many of the surveyed jails, officials are taking on little mental health service responsibility outside of suicide prevention and basic medication management.

The study involving jails in five Southeastern states found, for example, that typical medication practices in the facilities prioritized continuing rather than initiating psychiatric drugs. Even so, individuals who had active psychiatric prescriptions when in the general community often faced long waits for continuation treatment while incarcerated.

In addition, when jail officials reported on discharge planning services for individuals with mental illness, the most commonly cited method was simply providing inmates with a list of community resources. The interviews with jail

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Bottom Line...
Problems with mental health screening, psychiatric medication access and discharge planning are among the numerous concerns uncovered in a newly published report based on interviews with local jail personnel in several states in the Southeast.

Innovative youth-serving program fuels entry into MH workforce

A youth-serving initiative that has just launched its second year of operation is making encouraging inroads on two fronts: addressing unmet mental health needs among young people in local communities while also boosting prospects for young adults to pursue a career in the mental health workforce.

The Youth Mental Health Corps has expanded into an additional seven states from its initial group of four states that began activity in the 2024-2025 school year. The Corps deploys young adults to serve as "near peers" for youths in need of mental health resources. Leaders of the effort, which originated out of a partnership between the Schultz Family Foundation and the social media service Pinterest, consider the related experiences of today's school-age youth and the slightly older Corps members to be an essential element of engaging youths in trusted support.

"When an 18-to-21-year-old tells a young person something, it rings different from when a 40-year-old says it," Alise Marshall, senior director of Corporate Affairs and Impact at Pinterest, told *MHW*.

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Bottom Line...
Eleven states will host participation in the Youth Mental Health Corps in the current academic year, offering components of mental health support and workforce development.

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personnel that formed the basis of the report also found that those community resources were in extremely short supply in many locations, with communities plagued by facility closings and limited public funding for mental health care.

The study, focusing on jails in Alabama, Georgia, North Carolina, South Carolina and West Virginia, was published last week (Oct. 13) in *BMC Health Services Research*.

"Although few jails have abundant resources for people struggling with mental illnesses, jails have a constitutional duty to provide adequate healthcare to persons in custody," states the report, titled "Mental Healthcare Practices from Entry to Release Across Southeastern Jails." The paper goes on to say that "our findings, consistent with national reports, suggest that current mental healthcare practices in study jails were mostly insufficient."

Key findings of study

The study was based on 34 semi-structured interviews with personnel from a diverse sampling of jails in the five Southeastern states, with the interviews taking place between August 2018 and February 2019. Most of the interviewees were nurses or health care administrators. The interviewers did not directly observe practices in the jails.

Participants at 15 of the 34 sites said their facility had no routine on-site presence of a mental health treatment provider, such as a prescribing professional or a counselor. For medication management, the majority of jails had coverage from a prescriber only once a week or even less often. Nine interviewees said they managed this situation "by having a psychologist or mental health counselor evaluate individuals and make medication recommendations to a prescribing provider not specifically trained in psychiatric medication prescription (e.g., physician, physician assistant or nurse practitioner)," the study paper states.

Availability of on-site mental health counseling services also was limited, particularly in smaller jails with capacities of 200 or fewer detainees. One official at a medium-sized jail that hosted weekly group counseling sessions described the value of these services by saying, "It really does good for them to get in those groups and be able to talk and get out of the cell and it kinda helps with morale."

The interviews also uncovered concerns over mental health screening processes in the participating jails. A slight majority of the 34 sites conducted screenings that were generally limited to assessing suicide risk, treatment history and current prescriptions, with no focus on current symptoms. Only nine facility officials reported using a validated screening questionnaire or assessing current symptoms in the initial screening process.

Follow-up after screening tends to be most timely for individuals deemed to be in crisis, with most jails having timely access to a treatment provider via telephone or telemedicine. "In most jails when an officer did not identify a mental health concern during screening ..., individuals could wait up to 14 days to see a healthcare staff member for a history and physical exam," the report states.

Medication management practices also were deficient in a number of areas, with nearly one-third of jails requiring a mental health provider's or prescriber's evaluation before an inmate's existing prescription from the community could be continued.

Also, concerns about prescription drug misuse/diversion meant that some facilities limited access to certain medications, with an official at one large jail reporting that the commonly prescribed trazodone, bupropion and alprazolam were among the medications that are not given at the facility.

Many respondents bemoaned the lack of available services in the community for discharged individuals, saying this contributes greatly to criminal recidivism. An official at a medium-sized jail said in regard to those who end up returning to custody, "It's not because they're

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under the influence. It's because they're off their meds. Get them back on their meds [so] they can be productive in society."

Recommendations for improvement

Based on the findings, the report offers actionable strategies for improving jail-based mental health services in three main areas of focus:

- *Adoption of health standards.* Because health care accreditation for these facilities is voluntary and the vast majority aren't accredited, there is a need for more consistent standards that at least ensures equitable mental health treatment. The report also suggests that the National Commission on Correctional Healthcare's existing standard calling for jails to conduct a mental health screening within 14 days should be tightened, given research showing that nearly half of suicides in local jails occurred in individuals who had been held for 7 or fewer days.
- *Responsibilities in identifying and treating mental illnesses.* Lack of timely and effective assessment at intake speaks to the need for alternate approaches, perhaps via greater use of telemedicine. "While increased funding for mental health services and staffing across jails, especially in smaller jails, is needed to fulfill this, perhaps more essential is leveraging diversion and community programs that prevent incarceration of this population," the report states.
- *Linkage to community mental health services.* The report's authors state that programs designed to improve mental health outcomes and reduce recidivism at the community level exist, provided that county governments have the resources needed to implement them. Mental health court programs and forensic assertive community treatment teams are among the interventions suggested in the report.

The report states in conclusion, "Jails have become the *de facto* caretakers of some of our most marginalized and vulnerable groups — individuals with mental illnesses — who are disproportionately represented in carceral settings. Yet jails are inappropriate facilities to care for such individuals." •

Advisory panel at NAMI aims to 'double down' on science

Bottom Line...

Ongoing initiatives at the National Alliance on Mental Illness will undoubtedly boost research-related pursuits at a time when science has not been at its high point.

Mindful that these aren't exactly heady times for science in the American psyche, leaders at the National Alliance on Mental Illness (NAMI) believe a newly announced Scientific Advisory Council will help to reinforce the importance of research discovery to individuals with critical mental health needs.

Although the advisory group's formation grew out of a NAMI reorganization that has been in the works for some time, recent hits on science's status have convinced NAMI's leaders of the urgency of formalizing relationships with top research minds.

"There's an anti-science vibe kind of pervading the country," NAMI Chief Medical Officer Ken Duckworth, M.D., told *MHW*. "We want to double down on science and research."

In establishing the new advisory panel, which NAMI formally announced in conjunction with World Mental Health Day on Oct. 10, the organization sought to build a team with a diversity of backgrounds, geographic locations and areas of expertise. Among its anticipated areas of support to the organization, the council will review and refine NAMI's science-based content and will identify opportunities for NAMI's involvement in external research initiatives.

Duckworth said the council's members received an option to volunteer their services for one, two or three years, and nearly all chose the maximum term. He said there's also a "bullpen" of other leaders ready to serve when needed.

Here are the members of the new NAMI panel:

- Margie Balfour, M.D., associate professor of psychiatry at the University of Arizona and founder of MultiPass Consulting;
- Robert O. Cotes, M.D., chief of psychiatry at the Grady Health System and editor-in-chief of *Community Mental Health Journal*;
- Lisa Dixon, M.D., M.P.H., the Edna L. Edison Professor of Psychiatry at Columbia University and New York-Presbyterian Hospital and editor-in-chief of *Psychiatric Services*;
- Robert K. Heinssen, Ph.D., former director of the Division of Services and Intervention Research at the National Institute of Mental Health (NIMH);
- Eboneé T. Johnson, Ph.D., assistant professor of community and behavioral health at the University of Iowa's College of Public Health;
- Matcheri Keshavan, M.D., the Stanley Cobb Professor of Psychiatry at Beth Israel Deaconess Medical Center and Harvard Medical School;
- Andrew A. Nierenberg, M.D., director of the Dauten Family

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Center for Bipolar Treatment Innovation at Massachusetts General Hospital and editor-in-chief of *Psychiatric Annals*;
- Oladunni Oluwoye, Ph.D., associate professor of community and behavioral health at Washington State University's Elson S. Floyd College of Medicine;
- Carolyn Rekerdres, M.D., associate medical director of the Pecan Valley Centers for Behavioral & Developmental Healthcare and adjunct professor of rural psychiatry at UT Southwestern Medical School;
- Altha Stewart, M.D., senior associate dean of Community Health Engagement and director of Public and Community Psychiatry at the University of Tennessee Health Science Center; and
- John Torous, M.D., director of digital psychiatry at Beth Israel Deaconess Medical Center and Harvard Medical School.

Interest in serious illness

Duckworth said many of the areas that likely will take the spotlight in the advisory panel's work will involve research targeting individuals with severe impairment in functioning, though this will not be the sole focus.

> **"We want to make sure our website is accurate, our materials are accurate, and our grants are informed by science."**
>
> Ken Duckworth, M.D.

"Science and research are paramount to our people," Duckworth said.

Members will be reviewing NAMI's published content to ensure that it reflects the most accurate and updated scientific information. Three of the advisers, for example, will be assisting in the updating of NAMI's web pages on schizophrenia, Duckworth said.

"We want to make sure our website is accurate, our materials are accurate, and our grants are informed by science," he said.

Duckworth hinted that the more formalized relationship with these research leaders should pave the way for new research initiatives, and he expects an announcement of a forthcoming project shortly.

New office within NAMI

Duckworth explained that NAMI Chief Operating Officer Mike Wood, who joined the organization in 2024, has been instrumental in creating an Office of Science and Research within NAMI. Five staff members are now devoted to that office. The idea to establish a Scientific Advisory Council became a logical extension of that effort.

The reality of science "losing steam" as a national priority only added to the importance of these moves, Duckworth said.

In the formal announcement this month of the council's establishment, Duckworth said, "These prominent thinkers and researchers have a broad range of expertise that will help us further improve our educational materials and advocacy — on topics ranging from AI's role in mental health, to schizophrenia research, program evaluation, mood disorders, early intervention, crisis care, and more."

More information about the advisory council and NAMI's related activities is available at www.nami.org/scientificcouncil. •

Florida launches dashboard to project state workforce needs

The Florida entity that is seeking to grow and innovate the state's behavioral health workforce has unveiled an interactive dashboard designed to project workforce needs over an extended period.

The Florida Center for Behavioral Health Workforce launched the instrument last week in coordination with the Oct. 15 Florida Behavioral Health Day commemoration. The dashboard is intended to help treatment providers, policymakers and other stakeholders in identifying existing and potential gaps in access to care due to mental health workforce shortages. It offers projections of workforce supply and demand through 2035.

The six licensed behavioral health disciplines that the dashboard will track are psychiatrists, psychologists, psychiatric-mental health nurse practitioners, clinical social workers, marriage and family therapists and mental health counselors.

"Florida now has a way to see not just where the workforce stands today, but where it's headed," Julie Serovich, dean of the University of South Florida College of Behavioral and Community Sciences, which houses the behavioral workforce center, said in a news release. "This dashboard helps us anticipate challenges and gives leaders the evidence they need to strengthen the workforce across professions in meaningful ways."

State legislation in 2024 established the Florida Center for Behavioral Health Workforce as a research, education and policy analysis center designed to strengthen the workforce (see "Florida embraces statewide approach to addressing workforce shortage," *MHW*, May 5, 2025; https://doi.org/10.1002/mhw.34435).

There has been a clear sense that the state's supply of key mental health professionals has not kept

pace with the state's continued growth. Some recently cited and glaring statistics include the fact that more than 40% of Florida's licensed psychiatrists are at least 70 years old, while less than 3% are under the age of 40.

Regional data available

The interactive dashboard will give stakeholders the capacity to examine the supply of the various mental health professionals on a state, regional and county level. It also will guide them in evaluating the impact of state and local policies on access to care, according to the center's announcement.

"Developing projections like these is a complex task that many states continue to refine," said Jacob Gray, the workforce center's lead statistician. "Florida's approach offers a strong example for other states to learn from as they build their own models."

The dashboard will help stakeholders to identify existing geographic disparities in the state. Some Florida counties have no prescribing psychiatrists or psychologists at all, the workforce center reports.

According to 2024 data from the federal Health Resources and Services Administration, current workforce levels in the state meet only around one-quarter of the estimated total need. The state houses among the highest number of federally designated mental health professional shortage areas in the country.

"Now that we know the projected trends, our responsibility is to close the gaps," said Courtney Whitt, the workforce center's executive director. "By growing, retaining and innovating our workforce, we can bend these trends toward greater access and better outcomes."

The center's enabling legislation called for a recurring annual appropriation of $5 million in state funds for its operation. The 2024 legislation also called for designating four partnerships of universities and hospitals as behavioral health teaching hospital sites. •

Two members of Congress among National Council honorees

Members of Congress from both political parties have received Legislator of the Year honors from the National Council for Mental Wellbeing. Sen. Bill Cassidy (R-La.) and Rep. Andrea Salinas (D-Ore.) received the awards this month at a reception held in conjunction with the National Council's Hill Day advocacy events.

Cassidy, who chairs the Senate's Health, Education, Labor and Pensions (HELP) Committee and previously had become the first physician to serve as ranking member of that panel in nearly a century, was honored in part for leading this year's passage of the reauthorization of the substance use service-focused SUPPORT for Patients and Communities Act. The National Council also credited Cassidy for introducing legislation designed to improve behavioral health care delivery and integration.

Salinas, who serves as co-chair of the bipartisan House Mental Health Caucus, received the honor in part for efforts to increase access to behavioral health services. The National Council cited bills she has introduced to improve access for Medicaid and Medicare beneficiaries and to expand the behavioral health workforce.

Also at its Oct. 7 awards reception in Washington, D.C., the National Council honored Jin Lee "Jinny" Palen as its Advocate of the Year. Palen serves as executive director of the Minnesota Association of Community Mental Health Programs and also chairs the National Council board's Association Executives Committee.

Among Palen's advocacy efforts this year on behalf of mental health and substance use treatment providers in Minnesota, "she was instrumental in passing a state law that allows mental health professionals to assess and diagnose [substance use disorder], which will dramatically increase access to [substance use disorder] treatment," the National Council stated in a news release.

Participants in the National Council's annual Hill Day visit Washington, D.C., to meet with lawmakers and their staffs on key legislative initiatives. More than 250 advocates gathered for Hill Day this month, the National Council reported. •

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The slightly older individuals can immediately relate to the isolation and other hardships their younger peers experienced during the COVID-19 pandemic, for example. They also can appreciate how the constant presence of social media in the lives of today's young people can affect their well-being, Marshall said.

"They also reflect the data on [childhood] anxiety that we're seeing," Marshall said of the Corps members.

In the initial states of Colorado, Michigan, Minnesota and Texas in the first year, the Youth Mental Health Corps comprised 317 members serving more than 16,000 young people across 172 service sites. The seven states that will join for the 2025-2026 school year are California, Iowa, Maryland, New York, Oregon, Utah and Virginia.

Origins of approach

Leaders at the Schultz Family Foundation (which mainly funds youth-serving organizations such as mentoring groups and organizations that support youths experiencing homelessness) and Pinterest say their

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common interest in meeting young people's needs brought them together as the realities of a youth mental health crisis came into view. Around half of the Pinterest user base is made up of teens and young adults.

"We realized that if we wanted to create opportunities for all, we had to address mental health challenges," Marie Groark, managing director at the Schultz Family Foundation, told *MHW*. Groark said many of the foundation's grantees had been reporting in recent years that mental health concerns were interfering with young people maintaining engagement in the grantees' programming.

The Youth Mental Health Corps closely follows the model of AmeriCorps, the national initiative that engages Americans in service across a variety of sectors. State government agencies that coordinate service initiatives are the formal state applicants for participation in the Youth Mental Health Corps. In their applications, these state leaders cite existing gaps in mental health service delivery and also describe viable career pathways for young people who are considering work in the behavioral health field.

The selected states oversee a number of host sites for Corps activity, including schools and community-based organizations. Young people get involved in volunteering either through an organization or sometimes simply by accessing information on the Corps website (www.youthmentalhealthcorps.org).

Participating states pay each Corps member a stipend. However, the true value for members often lies in the other potential benefits they can access, including additional training opportunities and free one-on-one career counseling.

Although the initiative does not currently have the capacity to conduct a broad analysis of what Corps members pursue after they serve, a member survey conducted in the first year reported that 80% of members intend to pursue a career or further training in behavioral health.

> **"When an 18-to-21-year-old tells a young person something, it rings different from when a 40-year-old says it."**
>
> Alise Marshall

Also, a first-year analysis of the initiative, conducted by research and development organization WestEd, found that Corps members had received more than 130 certifications as of last March. Groark said these certifications vary from state to state but include roles such as a community mental health navigator or recovery navigator.

The WestEd evaluation states that 20% of Corps members secured employment before the end of their service year, with 28% of that group hired by the service site where they had volunteered. Among those who had received a certification, "Forty-six percent of these [Corps] members found their certifications instrumental in securing employment," the WestEd report states.

Other Corps members pursue college credit via their participation. Groark said Colorado's program is working closely with the state's community college system.

Benefits for youths

The support that Corps members offer to young people does not target those with the types of serious concerns that require more intensive service. However, leaders of the initiative say they have been pleased with the diversity of positive effects the program appears to be having, with Pinterest's Marshall calling the impact "transformative" in communities.

"We've heard comments such as, 'I didn't feel comfortable coming to school. I didn't have a space in my school community,'" Marshall said. "This support is bringing some young people back into the classroom."

According to the WestEd analysis of year one activity, schools where Corps members have worked are reporting progress in addressing chronic absenteeism. They also are seeing reductions in removals from the classroom for behavioral issues. The analysis includes case study reports from school districts in the four pioneering states.

Corps members also facilitated referrals of young people to numerous community resources, connecting them to services ranging from mental health counseling to food assistance, the report states.

WestEd's analysis suggests that the first year of Corps implementation highlights three key themes that explain the progress being seen:

- The near-peer approach as the engine for engagement, creating a bridge that young people find to be both **accessible** and authentic.
- The adaptability of the model, allowing each participating state to design its own structure to meet state requirements and local needs.
- The "dual bottom line" of immediate student support and long-term workforce development. "These focus areas recognize that addressing the youth mental health crisis requires both swift intervention and maintained investment in the systems that will support young people in the future," the report states. •

State News

New university program aims to increase ranks of MH providers

Binghamton University's Decker School of Nursing is stepping up to address the growing mental health crisis by training the next generation of providers, BingUNews reported Oct. 16.

With a comprehensive curriculum and a board certification pass rate exceeding 90%, the school's family psychiatric mental health nurse practitioner (FPMHNP) program is preparing students to become leaders in education, clinical care, and policy. "Binghamton's program is highly regarded, and it's at a high level of skill," says Susan Glodstein, program coordinator. "What distinguishes us is our flexibility and depth. People seek out our program because they know they'll be well-prepared to make a difference." The need is urgent. In 2020 alone, 21 million people around the country had a major depressive episode, and 40 million struggled with anxiety. Yet more than half of adults receive no treatment, and 60% of mental health practitioners are unable to take new patients. "Decker's program laid down the foundation for problem-solving, investigating the problem in more depth and considering alternative approaches," says Jean Van Kingsley, MS, who works for the Greater Binghamton Health Center in the Office of Mental Health and as a FPMHNP for Otsego County, N.Y. "I always say that from Decker, you will have a solid foundation. Some students build a small cabin of knowledge, but others build a mansion." The program uses interdisciplinary methods, emphasizes field-based skills, and requires scholarly writing. However, students also must maintain high and continuously improving skill sets in the subject itself, such as advanced physiology and pharmacology.

State News

North Carolina governor advocates MH investments to enhance public safety

North Carolina Gov. Josh Stein toured Integrated Family Services in Greenville earlier this month and advocated for comprehensive mental health resources to enhance public safety. The mental health agency will be opening a new behavioral health urgent care later this month, WITN 7 News reported Oct. 9. Gov. Stein advocated for the importance of investing in better mental health resources to improve public safety, especially following the tragic murder in Charlotte in August. "We must have a well-functioning mental health care system that gets people the treatment and support they need to stay healthy and keep us all safe," said Stein. "By building on these successful programs that are already making a difference in people's lives, we can prevent people from falling through the cracks." This comes after the governor signed House Bill 307 into law last week. Also known as "Iryna's Law," it is dedicated to Iryna Zarutska, the Ukrainian woman who was fatally stabbed on the Charlotte light rail in August. Some argue the accused killer had an extensive criminal record and mental health issues that should have been taken more seriously by authorities. HB 307 was signed to allow for thorough mental health evaluations for certain criminals and stricter pretrial release policies.

State News

States push for social media warnings amid MH concerns

California became the latest state to require social media companies to add warning labels to tell their users about its risks to mental health amid a national debate on how to confront its effects on the country's youth and society, ABC News reported Oct. 14. Lawmakers in both parties have taken issue with the impact social media is having on the nation's youth and have pushed the companies to do more to prevent it, concerns that have been ramped up with the growing capabilities of artificial intelligence. Calif. Gov. Gavin Newsom signed a law last week mandating warning labels for social media, joining a handful of other states that have enacted or are considering similar measures warning underage users about the negative effects of spending too much time online. The warning labels have broad support in both parties, with nearly all U.S. attorneys general endorsing Congress requiring them last year. California's bill will require social media platforms to show users under age 18 warnings that social media "can have a profound risk of harm to the mental health and well-being of children and adolescents." They will be required to display a skippable warning for 10 seconds, which covers at least 25% of the screen of the site, when a child opens the app for the first time each day, along with a 30-second unskippable warning if they spend more than three hours on the site. Another 30-second warning will repeat after every additional hour of use.

Briefly Noted

Advocates push for Medicaid reform to expand psychiatric bed access

The Treatment Advocacy Center (TAC) is actively seeking federal co-sponsors for H.R. 5462, also known as the *Michelle Alyssa Go Act*, a bipartisan bill aimed at addressing critical gaps in the nation's mental health infrastructure, according to a TAC news release. TAC is asking advocates to send emails to their federal legislators, to ask them to consider signing on as co-sponsors. The legislation, introduced in September, was filed by Rep. Daniel S. Goldman and presented to the House. It currently has eight co-sponsors. The bill would amend the Medicaid statute to allow federal reimbursement for inpatient psychiatric and substance use disorder treatment in facilities with 36 beds or fewer, provided they meet nationally recognized, evidence-based standards of care. Currently, the Medicaid "Institution for Mental Diseases" (IMD) exclusion prohibits federal funding for adult inpatient care in facilities with more than 16 beds. Advocates argue

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that this decades-old policy has contributed to a shortage of treatment options, forcing individuals with serious mental illness into cycles of hospitalization, incarceration or homelessness. The bill is named in honor of Michelle Alyssa Go, a 40-year-old woman who was fatally struck by a New York City subway train after being pushed by a man experiencing untreated schizophrenia, according to a news release from Rep. Goldman's office. If enacted, H.R. 5462 would take effect 180 days after becoming law and apply to state Medicaid plans thereafter. Supporters say the measure would help alleviate emergency room backlogs, reduce jail admissions for individuals in crisis and promote more equitable access to care for low-income populations.

Briefly Noted

NAMI reacts to layoffs at SAMHSA, other federal agencies

The National Alliance on Mental Illness (NAMI) on Oct. 15 released the following statement in response to reports that a significant percentage of the remaining staff at the Substance Abuse and Mental Health Services Administration (SAMHSA) have been eliminated. The layoffs at SAMHSA, along with layoffs of key staff at other federal agencies that run programs helping people with mental health conditions, come amid the ongoing federal government shutdown. In the statement, NAMI CEO Daniel H. Gillison, Jr. said: "NAMI is deeply alarmed by reports of further staffing reductions at SAMHSA, which threaten to weaken the agency's ability to carry out its critical mission. SAMHSA plays an essential role in strengthening the nation's mental health and substance use systems, supporting community programs, and reaching millions of Americans who rely on these services. The United States is in the midst of an ongoing mental health, overdose, and suicide crisis, one of the most widespread and enduring public health challenges of our time. More than 84 million adults, and millions of children and teens, live with mental health or substance use conditions that affect people in every community, across every background and belief. We cannot afford to undermine the only federal agency charged with addressing what is, for so many Americans, a daily struggle. At a time like this, we need to reinforce, not weaken, the agency dedicated to addressing mental health and substance use conditions. SAMHSA's work saves lives every day, and any action that limits its ability to do so would be a serious step backward."

Coming up...

The **ADHD (Attention Deficit Hyperactivity Disorder) Coaches Organization**, the **Attention Deficit Disorder Association** and the **Children and Adults with Attention-Deficit/Hyperactivity Disorder** are hosting its Annual International Conference, ADHD 2025 "Connect, Learn & Thrive," **Nov. 13–15** in **Kansas City, Mo.** Visit **https://chadd.org** for more information.

Briefly Noted

Telehealth company receives honor for safe gaming services

A telehealth company offering behavioral health services that include support for individuals experiencing depression or anxiety has received an award for its services in problem gambling. Kindbridge Behavioral Health received the 2025 Responsible Gaming Award as part of the American Gambling Awards produced by Gambling.com Group Limited. The awards recognize companies and executives shaping the regulated online gambling landscape. Among its initiatives in responsible gaming, Kindbridge Behavioral Health has launched state-specific online portals offering helplines and access to virtual therapy. It also has supported a young-adult education campaign focused on financial literacy and gambling risks. "Kindbridge Behavioral Health has demonstrated leadership through evidence-based treatment, educational outreach and strategic industry partnerships," said Charles Gillespie, co-founder and CEO of Gambling.com Group. "Their work not only strengthens protections for players but also advances responsible gaming standards across the entire U.S. market." Kindbridge's overall mission also includes mental health education efforts that target a diversity of professions.

In case you haven't heard...

A new Guinness World Record was set on World Mental Health Day (Oct. 10) when more than 1,400 participants joined a global video call focused on mental health awareness. The event, led by Hull College in Hull, England, united staff, students, and employees from companies including Smith+Nephew, Think Cloud and Think Mental Health, BBC News reported Oct. 14. The initiative aimed to break the stigma around discussing mental health and succeeded in setting the record for the most users in a mental health awareness video lesson, with 916 verified attendees and over 1,400 participants at its peak — surpassing the previous record of 770. Participants joined from across the globe, including the United States, Canada, Mexico, Costa Rica, India, Italy, Germany, China and several other countries. Hull College Principal Debra Gray called the achievement "a testament to what can be achieved when education, business, and the community come together with a shared purpose." Organizers described the event as a "shared moment of reflection, learning, and conversation."