

# MENTAL HEALTH WEEKLY

Essential information for decision-makers

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Advocates have filed a federal class-action lawsuit against the Peace Corps over medical clearance practices that they say have unfairly denied overseas assignments to individuals with mental health disabilities. The complaint alleges that the independent federal agency's practices are in violation of the Rehabilitation Act.

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## Lawsuit: Peace Corps denies assignments over outdated mental health concerns

The Peace Corps has used fear-based and speculative standards and ignored sound medical advice in denying volunteer assignments to numerous individuals with mental health disabilities, according to a federal class-action complaint filed in Washington, D.C., late last month.

Filed Sept. 28 in U.S. District Court for the District of Columbia, the lawsuit alleges that the Peace Corps has violated the federal Rehabilitation Act in denying medical

clearances to individuals who had already met the organization's qualifications for service assignments overseas. Groups representing plaintiffs in the class-action complaint said they have evidence that the Peace Corps has employed a discriminatory policy against individuals with mental health diagnoses for years.

"What we're talking about is people who have a well-managed condition, many with years of being stable," Megan Schuller, legal director at the Bazelon Center for Mental Health Law, told *MHW*. "Some have lived and studied abroad."

Schuller said that in some cases, awareness of the Peace Corps' outdated standards for issuing a medical clearance has persuaded individuals

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### Bottom Line...

*A lawsuit accuses the Peace Corps of violating the federal Rehabilitation Act in its rescinding of assignment offers to individuals with mental health diagnoses.*

## Transition to telehealth during COVID had minimal impact on payment rates

The availability of telehealth indisputably preserved access to mental health care for many individuals during the COVID-19 pandemic, but the impact that telehealth has had on cost has remained less clear. A new analysis released by KFF (formerly known as the Kaiser Family Foundation) suggests that private insurance payment rates for telehealth services in mental health continue to be similar to rates for in-person treatment.

The findings for 2021, released late last month, should give pause to payers or purchasers that might envision telehealth as a strategy for reducing cost. Conversely, the news might ease concerns among mental health providers that have transitioned some of their treatment sessions to a virtual format.

"The use of telehealth in mental health has sustained, while questions remain about cost," Krutika Amin, co-author of the analysis and associate director of KFF's program on the Affordable Care Act, told *MHW*.

According to the Peterson-KFF Health System Tracker analysis, which was based mainly on an examination of Health Care Cost

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### Bottom Line...

*An analysis of 2021 data has concluded that private insurance payment rates for telehealth services in mental health have remained largely identical to rates for in-person care.*

### Lawsuit from page 1

with a passion for service to avoid obtaining necessary mental health treatment, for fear of being denied an assignment.

On the day the lawsuit was filed, the Peace Corps posted on its website a statement defending its approach to matching individuals to assignments and explaining its investment in supports for its volunteers (see box, page 3). The Peace Corps operates as an independent agency of the federal government.

The lawsuit was filed by the Bazelon Center and the Oakland, California-based law firm Bryan Schwartz Law PC. It seeks declaratory and injunctive relief to ensure that the Peace Corps complies with the Rehabilitation Act in administering medical clearances, including by implementing policy changes and staff training. The suit also seeks to give plaintiffs an opportunity to have their offers of assignment reinstated and/or their medical clearances reconsidered.

The case, which names Peace Corps administrator Carol Spahn as the defendant, has been assigned to U.S. District Judge Carl J. Nichols.

### Process for approval

The text of the complaint explains that the named plaintiffs are individuals who initially were selected as Peace Corps volunteers and then had their assignment opportunities

rescinded following a medical clearance process. These individuals are referred to as “invitees.” Schuller said this process resembles the typical conditional offer of employment to a job applicant.

The complaint states that when an applicant becomes an invitee, he/she is required to submit medical documentation to the Peace Corps’ Office of Medical Services. Based on health conditions that the Peace Corps considers difficult to accommodate, including many mental health conditions, this documentation might involve a requirement that a specialist examination be conducted at the invitee’s expense.

the Peace Corps does not ask about or offer any reasonable accommodations to invitees in order to allow them to serve, an omission that Schuller said places the agency in direct violation of the Rehabilitation Act.

The complaint cites numerous examples of invitees who have had their approved applications rescinded, including three individuals who are serving as representative plaintiffs in the case:

- A 23-year-old Indiana man who was diagnosed with major depression at age 12 was denied a medical clearance despite a mental health professional’s

**“The Peace Corps’ medical clearance process is not taking into account invitees’ current ability to perform the job.”**

Megan Schuller

“The entire medical clearance process takes place via an online portal, and the medical office does not typically converse with invitees or their medical providers outside of messages on the portal,” the complaint states. “The medical office also does not conduct in-person, independent medical evaluations.”

The complaint also alleges that

statement that he was stable and fit to serve his assignment in the Philippines. Though the invitee said he has consistently been able to manage his symptoms of depression without medication, the Peace Corps denied his service based on concern over what it termed “a high likelihood of

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# WILEY

exacerbation or relapse in the stressful circumstances of Peace Corps service.”

- A 27-year-old Washington, D.C., man with a diagnosis of bipolar disorder had his invitation to serve in Kyrgyzstan rescinded, based in part on concerns about supposed side effects of the medication he has used to manage symptoms. A letter from the invitee’s psychiatrist had confirmed that the stable patient had been needing only one medical visit every six months.
- A 30-year-old Connecticut man with major depression who had served abroad in the U.S. military had his offer of assignment in Madagascar rescinded in August 2022 because of his diagnosis, and because he had experienced depressive symptoms during the prior year. The Peace Corps is accused of ignoring the invitee’s record of successful military service in a stressful setting abroad.

Schuller said that in many cases, these types of denials have been based on outdated notions about mental illness, as well as misplaced concerns about extremely rare side effects of medication treatments. Even current participation in talk therapy appears to have been used as a disqualifying factor in the Peace Corps’ medical evaluations, she said.

Schuller said the denial letters

## Statement from Peace Corps

On the same day that a federal lawsuit was filed to challenge its medical clearance practices for individuals with mental health disabilities, the Peace Corps posted this statement on its website:

“At the Peace Corps, we strive to match every person who is invited to serve with an assignment that best matches the whole person: their education, work experience, and most importantly their mental and physical health needs.

Over the last several years, we have made significant investments to strengthen the supports we offer to every volunteer during service related to mental health and emotional well-being. And still, we know from over 60 years of experience that serving in some of the remote communities around the world can be an incredibly difficult adjustment for some volunteers. Our ability to support health conditions — especially mental health conditions — can vary significantly depending on the unique environments where our volunteers are invited to serve.

We take seriously our responsibility to complete individualized health assessments, provide access to quality health care and ensure that every volunteer has a safe and successful experience.”

that invitees have received contain rote language that suggests the Peace Corps has not conducted individualized assessments based on current medical knowledge and objective evidence, as required under the Rehabilitation Act. The lawsuit states that the named plaintiffs had exhausted all available administrative remedies with the Peace Corps before the complaint was filed.

She said the Peace Corps also has ignored that many invitees have done their own research to demonstrate that their treatment could continue uninterrupted during their time abroad, including through available telehealth options.

“The Peace Corps’ medical clearance process is not taking into account invitees’ current ability to perform the job,” Schuller said. She said she believes the agency’s practices even run counter to its basic mission, denying the opportunity for individuals to demonstrate to high-need communities abroad that life challenges can be overcome.

Schuller said of the denied invitees who are parties to the lawsuit, “These are people who were passionate about this work,” citing in many cases their advanced training and education, and their history of living and serving abroad. “They didn’t think they possibly could be denied.” •

## Federal maternal task force to increase care, reduce stigma

Observing the need to address this country’s maternal mental health crisis, the U.S. Department of Health and Human Services (HHS) last month announced the formation of a new federal task force and other key actions that include the launch of a national public education campaign to combat stigma.

The Task Force on Maternal Mental Health is co-led by the Office on Women’s Health and the

### **Bottom Line...**

*The new task force, launched by HHS, includes a focus on mental health equity and trauma-informed practices.*

Substance Abuse and Mental Health Services Administration (SAMHSA).

Last year the bipartisan TRIUMPH for New Moms Act that required the creation of this task force was sponsored by Sens.

Maggie Hassan (D-N.H.) and Thom Tillis (R-N.C.) Federal officials observed the HHS’ Maternal Health Day of Action, which also saw the Biden-Harris administration announce more than \$103 million to launch the new initiatives addressing the maternal mental health crisis.

Additionally last month, HHS launched a national public education campaign, “Talking Postpartum

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Depression,” to provide information about and combat stigmatization associated with this significant public health issue.

The task force, co-chaired by HHS Assistant Secretary for Health, Admiral Rachel Levine, M.D., and Assistant Secretary for Mental Health and Substance Use, Miriam E. Delphin-Rittmon, Ph.D., aims to identify, evaluate and make recommendations to coordinate and improve activities related to addressing maternal mental health conditions and co-occurring substance use disorders. There will be a focus on mental health equity as well as trauma-informed practices.

“El Camino Health is world renowned for our maternal mental health program and home to one of only three inpatient perinatal psychiatry units in the country,” Nirmaljit Dhama, M.D., medical director of the inpatient perinatal psychiatry unit at El Camino Health, told *MHW* via email.

Dhama noted that El Camino Health hosted its Maternal Mental Health Symposium to bring together leading experts and advocates to share strategies and solutions to advance treatment, enhance access to care, and reduce stigma around the mental health of pregnant and postpartum women in the United States.

the symposium also featured a film made by two local high school students on postpartum psychosis and the interface with the criminal justice system.”

The free virtual event was funded by a generous donation from the Keller family and supported by the El Camino Health Foundation, Dhama said, adding that nearly 1,700 participants from more than 40 states in the U.S. and more than 30 countries around the globe attended the virtual event.

Regarding the new task force, Dhama explained that “While as many as 20% of women experience prenatal or postpartum depression and anxiety, few have access to the appropriate care. Others will never even try to seek help because of the stigma around it,” Dhama said. “As a result, mental health struggles are the leading cause of pregnancy-related deaths in the United States. For far too long, more action has been desperately needed to address this crisis. “The Task Force on Mental Health is a significant step in the right direction,” Dhama said. “Health systems across the country will be able to make progress in expanding access to maternal mental health care, and ultimately, save lives.” •

**“While as many as 20% of women experience prenatal or postpartum depression and anxiety, few have access to the appropriate care. Others will never even try to seek help because of the stigma around it.”**

Nirmaljit Dhama, M.D.

Other areas of focus include:

- Data, research, quality improvement and health equity;
- Prevention, screening and diagnosis;
- Evidence-based intervention and treatment;
- Evidence-based community practices; and
- Communications and community engagement.

“We are passionate about the Maternal Mental Health Symposium because we want to share our expertise with other health care professionals, mental health providers, physicians, community-based organizations, peers, advocates, policy leaders and administrators to improve access to care for pregnant and postpartum women who are experiencing mental health challenges,” Dhama stated.

Dhama added, “This year our presentation topics focused on federal health policy, perinatal loss and grief, the importance of mental health of fathers, and breastfeeding challenges. In addition, we discussed the approaches to treatment in the perinatal period, and had a live presentation of people that have had a lived experience with mental illness and recovery. In keeping with the theme of growth and advocacy,

## TELEHEALTH from page 1

Institute claims data from employer-sponsored health plans, telehealth use became so widespread during the height of the pandemic that by 2021 it accounted for 54% of all mental health therapy.

## Many rates close to identical

The researchers for this analysis examined insurance claims for evaluation and management (E/M) services (those that do not involve direct treatment activity), as well as those for mental health therapy. For providers that offered both in-person and telehealth services to the privately insured in 2021, telehealth payment was within 10% of the

## El Camino Health

El Camino Health held its 6th Annual El Camino Health Maternal Mental Health Symposium, which was hosted by the Scrivner Center for Mental Health & Addiction Services, on Sept. 29. The event brought together leading maternal mental health experts and advocates with a goal to reduce stigma around the mental health of pregnant and postpartum women in the United States.

in-person payment rate for 85% of E/M claims and 82% of mental health therapy claims, the analysis found.

For mental health therapy, prevalence rates of telehealth payment that were at least 10% higher or at least 10% lower than in-person payment were similar. However, telehealth payment for E/M services was more frequently above 10% than below 10% of the rate for in-person payment.

The researchers found that after they controlled for variation among providers, average payment rates for various forms of mental health therapy in 2021 were strikingly similar between telehealth services and in-person care. This was true for group therapy (an average payment of \$43 for in-person sessions and \$45 for virtual), 45-minute psychotherapy (\$98 for in-person and \$99 for virtual), 50-minute family psychotherapy with the patient present (\$106 for in-person and \$107 for virtual) and psychiatric diagnostic evaluation (\$140 for in-person and \$139 for virtual).

The analysis stated that the trends seen in 2021 generally followed a pattern established in the first year of the pandemic in 2020.

“If telehealth payments continue to be the same as those for in-person care, this raises questions as to whether telehealth will reduce the spending on common health services, as some have predicted,” the text of the report states. “The primary benefit to expanding telehealth may be increased access to services and convenience for enrollees.”

Amin said no solid information is available yet on whether the cost trends for 2020 and 2021 continued in 2022. She pointed out that payment trends for E/M services in general

medicine have been similar to those seen in mental health care, with similar payment rates for telehealth and in-person services.

### Complexities of cost

Amin explained that there are numerous other factors besides insurance payment rates to consider for a full accounting of the cost impacts of telehealth services. Telehealth could reduce providers' overhead costs, for example, but if a telehealth service is not clinically effective and leads to a need for a second service, that could cause an increase in spending.

**“The use of telehealth in mental health has sustained, while questions remain about cost.”**

Krutika Amin

The Peterson-KFF Health System Tracker analysis did not consider these or other cost-related factors. “This analysis did not assess the extent to which telehealth can replace in-person services or its impact on overall use, quality of care or spending,” the report states.

The report cites the widespread extent of private insurance coverage of telehealth services, based on results of the 2022 KFF Employer Health Benefits Survey. The survey found that in 87% of small companies (fewer than 200 employees) and 96% of larger firms, the employer health plan

with the largest enrollment covers telehealth. Around 6 in 10 of all firms that offer telehealth have structured it through their health plan or administrator, with around one-quarter using a specialized telehealth provider.

According to the KFF employer benefits report, most companies that offer telehealth benefits expect that telehealth use will remain at a similar level or grow. Thirty-four percent of all respondents to the 2022 survey said they expected telehealth use to increase, while only 14% predicted a decrease, and 42% estimated it would stay about the same (10% of respondents said they didn't know).

The analysis cites several pieces of proposed legislation in Congress that could influence the trajectory of telehealth access and payment. These include:

- The Telehealth Benefit Expansion for Workers Act, which would require stand-alone health plans that offer only telehealth coverage to be subject to some provisions of the Affordable Care Act, such as the prohibition of member exclusion based on preexisting health conditions. Amin said some concern has been expressed over protecting consumers who might not realize that such plans would not offer any access to in-person care.
- The Telemental Health Care Access Act, which would eliminate an upcoming requirement under Medicare (as of January 2025) that behavioral health providers need to see a patient in person six months before the first telehealth visit and at regular intervals thereafter. •

## More than half of mental health therapists experience burnout

A comprehensive research study of more than 500 counselors, social workers, psychologists and other practitioners found that more than half have experienced burnout. Additionally, nearly half also said that

their burnout has gotten worse since the first wave of COVID-19.

The “2023 Therapist Well-Being Report” was released in observance of World Mental Health Day (Oct. 11) by SimplePractice, an EngageSmart

solution and online platform focused on the health and wellness experience for more than 178,000 solo and small-group mental health practitioners. The study was developed to

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better understand the causes of practitioner burnout and its downstream effects on patients, company officials stated.

SimplePractice surveyed 550 U.S.-based therapists — including counselors, social workers and psychologists — to understand, quantify and contextualize their burnout and its downstream effects on clients and patients, officials stated in a news release announcing the results.

The study revealed that over two-thirds of the practitioners experiencing burnout have reduced their caseload, leaving negative impacts on access to care overall. Therapists who accept insurance are twice as likely to agree that the administrative tasks involved with running their practice are too much, according to the study.

“The goal of the SimplePractice survey is to place practitioner burnout in the context of the current mental health care delivery system, and explore the factors that contribute to burnout,” Lindsay Oberleitner, Ph.D., education director at SimplePractice, told *MHW*. “The survey was developed to uncover the true drivers of burnout amongst therapists and uplift their voices in a meaningful way.” Oberleitner is a clinical psychologist who has worked at the intersection of addiction, trauma and chronic health conditions.

Oberleitner added, “We discovered through our survey that therapists attribute burnout to a continued increase of administrative and client demands. Our survey successfully highlights the real need and opportunity to improve the overall mental health care delivery system.”

The current survey is the first SimplePractice had conducted to address burnout among therapists. “We had conducted a survey of more than 2,000 practitioners in 2021 which examined burnout, as well as the rise of telemedicine tools,” she said. “We see that burnout remains an issue two years later

and that contributors to burnout are also similar. We found that for many therapists, burnout has not improved since the pandemic.”

## Study method

The 2023 Therapist Well-Being Report analyzed responses from 550 behavioral health practitioners who were asked to participate in an online survey between Aug. 9–16, 2023. All survey participants were licensed behavioral health professionals (mental health, substance abuse, social workers), and in private practice either as a solo clinician or a clinician in a group practice.

Survey participants comprised 400 practitioners who are current SimplePractice customers and 150 practitioners who are not.

**“We found that for many therapists, burnout has not improved since the pandemic.”**

Lindsay Oberleitner, Ph.D.

## Overburdened workforce

Over half (52%) of therapists reported experiencing burnout this year, impacting a workforce that is overburdened and causing an even greater impact on access to care. Of the group of mental health practitioners (164) who have experienced burnout this year:

- 73% said they hesitate to take on severe/acute clients;
- 55% said administrative tasks have contributed to their burnout;
- 29% said they have considered leaving the mental health field in the past year or are currently considering leaving the field.

Nearly a third (29%) of those therapists who experienced burnout

in the past year and 15% of those who have not experienced burnout have considered leaving the field. Of all practitioners who have considered leaving the mental health field, 57% said they plan to leave the field within the next five years.

With the U.S. currently suffering from a severe mental health provider shortage, the SimplePractice survey results indicate that it will likely only get worse, creating a lack of care for those in need, officials stated. The driving factor behind this potential mass resignation is burnout.

## What contributes to burnout?

Survey respondents who reported feeling burned out shared the factors that contribute to their burnout:

- Over half (55%) said administrative tasks have contributed to their burnout, and those who accept insurance were two times more likely to agree that the administrative burdens in running a private practice contribute to burnout;
- More than half (54%) noted compassion fatigue as a factor toward their burnout;
- Nearly half (44%) noted low pay as a factor;
- One-third (33%) said the severity and complexity of their clients’ needs (aka, “acuity of my clients”) increased the burnout;
- One-quarter (25%) noted their caseload is too high; and
- More than half (60%) said a poor work-life balance has contributed to their burnout. •

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## Parties to Iowa child MH suit announce interim settlement

Less than a year after advocates for children with mental health needs filed suit against Iowa officials over inadequacies in the state's Medicaid mental health services, the two sides have agreed to an interim settlement that could lead to a final resolution by next summer.

The interim settlement remains subject to approval in the U.S. District Court for the Southern District of Iowa, including formal certification of a plaintiff class made up of all Medicaid-eligible children in Iowa under the age of 21 who have a serious emotional disturbance and have been evaluated as needing intensive home- and community-based services.

Execution of the interim settlement's provisions also will likely require a substantial commitment of funding, with the agreement calling for the Iowa Department of Health and Human Services (Iowa HHS) to explore all possible state and federal funding options.

In a statement released to coincide with the Oct. 2 filing of the interim settlement agreement, the advocacy organization Disability Rights Iowa (one of the plaintiff representative groups) credited the administration of Iowa Gov. Kim Reynolds for recognizing the unmet mental health needs of Iowa's Medicaid-eligible children.

"Her commitment to take the steps necessary to provide [children] with the intensive home- and community-based services they need we believe will allow our children to remain at home with the families or caregivers best able to love and care for them," Disability Rights Iowa Executive Director Catherine Johnson said of the governor.

The original complaint, filed last January, alleged that Iowa's overreliance on institutional care and emergency services in its publicly funded children's mental health system placed it in violation of three federal laws: the Medicaid Act, the Rehabilitation Act and the Americans with

Disabilities Act (see "Advocates sue Iowa officials over long-standing problems in child MH," *MHW*, Jan. 23, 2023; <https://doi.org/10.1002/mhw.33510>). The text of the lawsuit cited numerous examples of state and national reports chronicling problems in the Iowa children's mental health system dating back to 2015.

### Provisions of settlement

Under the interim settlement's implementation plan, Iowa HHS is committing to offering:

- A comprehensive array of services that include intensive home- and community-based services and Medicaid waiver services designed to ensure that children receive care in the least restrictive setting appropriate to their needs;
- A statewide assessment that uses one uniform assessment tool to evaluate children's eligibility for the package of services; and
- The continued use of the expertise of two national consultants to provide guidance on service system design issues, with particular attention to meeting the needs of Black, Indigenous and People of Color and LGBTQ groups.

State officials also have committed to a plan to improve the dissemination of information about covered services to families and service providers. Iowa HHS has also agreed to expand ongoing efforts to improve provider capacity across the state, and will develop a plan for preventing inappropriate placement of children in residential treatment facilities, hospital emergency rooms and other restrictive settings of care.

State officials characterize many of these efforts as building on initiatives that already were in process before the federal lawsuit was filed. "The Iowa Medicaid team has led a multi-year effort to transform this system that includes bringing individuals

and families to the table in a meaningful way," Iowa HHS Director Kelly Garcia said in last week's news release. "These changes cement the work already in progress and we are proud to pave the way forward." Garcia is the named defendant in the lawsuit.

The interim settlement agreement calls for the implementation plan to be accomplished within 180 days of the court's order accepting the settlement's terms. The parties to the lawsuit have agreed to meet virtually on at least a monthly basis to exchange information and work toward a final settlement to be negotiated no later than July 1, 2024.

It is expected that a final agreement would deem the plaintiffs in the case to be the prevailing party, and that the agreement would be enforceable through a court-ordered consent decree.

The interim settlement language addresses the potential challenge of identifying the funding necessary to implement settlement provisions. "Iowa HHS, while empowered to enter into and implement this interim agreement, does not have the legal authority to bind the Iowa General Assembly, which has the authority under the Iowa Constitution and laws to appropriate funds for, and amend laws pertaining to, the state's system of services for the defined class," the text reads. "Iowa HHS shall make all reasonable efforts to obtain funding and resources to fulfill the terms of this interim agreement." •

### BRIEFLY NOTED

#### FDA approves Exxua for treatment of major depression in adults

The U.S. Food and Drug Administration (FDA) late last month approved a medication called Exxua (gepirone) for the treatment of major depression in adults. Gepirone is in

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the same class of medications as the anti-anxiety medication buspirone, according to an American Psychiatric Association Psychiatric News Alert.

The medication, available in extended-release tablets, is “the first and only approved antidepressant with a novel mechanism of action that selectively targets the serotonin 1A receptor, a key regulator of mood and emotion,” a press release by Fabre-Kramer Pharmaceuticals, maker of Exxua, stated.

The FDA approval was based, in part, on two eight-week randomized, double-blind, placebo-controlled clinical trials of adults aged 18 to 69. Both studies included flexible dosing of Exxua from 18.2 mg to 72.6 mg daily. By the end of both trials, participants who took Exxua reported statistically greater reductions in depressive symptoms compared with participants in the placebo group (about a 2.5-point difference in scores on the 17-item Hamilton Depression Rating Scale).

The safety of Exxua was evaluated in over 5,000 patients, according to Fabre-Kramer Pharmaceuticals. The side effects of Exxua appeared similar to those of placebo in terms of sexual side effects, weight gain, blood pressure, heart rate and liver function.

“The most frequent adverse events seen in clinical trials were dizziness and nausea, which generally were mild, of short duration, related to dose escalations, and did not require discontinuation of treatment,” according to the release.

### Only 20% of patients with PPD, anxiety symptoms receive diagnosis

The probability of receiving a postpartum mood or anxiety disorder diagnosis is three times higher for white patients with symptoms than for Black patients with symptoms, according to a study published last week in *Psychiatric Services*, according to American Psychiatric Association Psychiatric News Alert. In addition, regardless of race, only 1 in 5 women received a diagnosis.

## Coming up...

The **American Academy of Child and Adolescent Psychiatry** is holding its 70th annual meeting **Oct. 23–28** in **New York City**, with opportunities for both in-person and virtual attendance. For more information, visit <https://aacap.confex.com/aacap/2023/meetinginfo.cgi>.

The **National Dialogues on Behavioral Health** is holding its 64th Annual Conference, “Dialogues to Action: Responses to Address Underlying Trauma and Violence,” **Oct. 29–Nov. 1** in **New Orleans**. For more information, visit <https://web.cvent.com/event/08664e05-34cd-4f01-837c-4009828ec560/summary>.

The **Federation of Families** is holding its 34th annual conference, “Advancing Social Justice, Equity, and Inclusion for Families and their Children: #Accept.Advocate. Act,” **Nov. 9–11** in **Chicago**. Visit <https://www.ffcmh.org/2023-conference> for more information.

“Despite their high prevalence and disease burden, [postpartum mood and anxiety disorders] often remain underdiagnosed,” wrote Stephanie V. Hall, Ph.D., M.P.H., of the University of Michigan, and colleagues. “Low diagnosis rates contribute to even lower treatment rates and exacerbate poor outcomes. Untreated [postpartum mood and anxiety disorders] are associated with worse maternal and infant health outcomes.” Hall and colleagues linked Medicaid claims data in Michigan with results from the Michigan Pregnancy Risk Assessment Monitoring System, an ongoing representative survey of childbearing people conducted at 2 to 6 months after childbirth. All participants gave birth between 2012 and 2015 and

were continuously enrolled in Medicaid from nine months before delivery through three months after delivery. Participants self-reported their postpartum mood and anxiety disorder symptoms using an adapted version of the two-item Patient Health Questionnaire. “Measuring the factors associated with underdiagnosis is a first step in improving [postpartum mood and anxiety disorder] detection and treatment,” the authors wrote. “Implementing culturally sensitive care, including strategies such as using non-stigmatizing language to describe mental health, ensuring that providers reflect patients’ identities and fostering patient-provider relationships may mitigate underdiagnosis.”

## In case you haven’t heard...

This summer’s popular *Barbie* movie has inspired fascinating conversations about childhood and mental health, CNN reported on Sept. 26. Since the movie’s release in July, adults on TikTok and other social media platforms have documented themselves reconnecting with their inner child through rituals such as buying so-called “emotional support Barbies.” Kristin Flora, a professor of psychology at Franklin College in Indiana, said she’s enjoyed seeing how the movie has opened up people’s eyes to the importance of play, even as adults. Flora said women and girls benefit in unique ways from this ageless sense of play, because it can build confidence and positivity at critical times. “In my classes, I teach that the confidence level for boys and girls is about equal up until about age 13. And that’s when we start to see confidence really get broken down and disrupted in girls, whereas boys; confidence tends to excel,” she explained. “That suggests that the psychological pressures at that age are really monumental for girls. A sense of play can help buffer against those changes.”