

New York perspective

The COVID-19 crisis has called into question issues related to *Olmstead*, due to consumers with mental illness who are in jails and prisons, adult homes and hospitals, said Harvey Rosenthal, CEO of the New York Association of Psychiatric Rehabilitation Services (NYAPRS). “During these times, the questions remain: Who should be there at the time of this contagion, or better yet, who shouldn’t be there?” noted Rosenthal. “There are a number of people who don’t need to be there.”

“Our mission at NYAPRS is to raise the bar for caring about what’s possible for people [with mental illness] and what the government should be doing,” said Rosenthal. It’s important that consumers have access to housing, employment and transportation, he added.

Rosenthal mentioned the adult home scandal in New York in 2002 exposed by *The New York Times*, which found thousands of people with mental illness had been warehoused for decades. A settlement was reached in 2013. There have been funding initiatives, such as \$5 million to create two adult home Peer Bridger initiatives, he said. However, there has been very slow movement into the community due to operator resistance, flawed implementation and complex health home processes, he noted.

In the area of criminal justice, Rosenthal said New York advocates want to eliminate the police as responders to mental health crises, and instead put EMTs and mental health counselors and peers in those roles to respond to such situations.

Advocates are also pushing the

Humane Alternatives to Long-Term (HALT) Solitary Confinement Act to ban solitary confinement, especially for people with psychiatric disabilities and other disabilities. The HALT legislation will end the most harmful uses of isolation and solitary confinement currently in practice throughout New York.

Beyond an *Olmstead* plan, it’s important for states to help consumers with mental health disabilities and change their lives. Advocates should keep their eyes on the prize, he said, and assist people with jobs, housing and transportation. Self-directed care can bring about “profound change,” said Rosenthal. It’s a way of putting money (which has to be approved through legislation) into the hands of people in order for them to buy the things they need to get back to work, he said. •

Report finds untreated eating disorders costing U.S. billions

Researchers of a new report examining the rise in cases and costs of eating disorders call for a need for treatment and for prioritizing attention to the health and wellness of Americans, especially during the COVID-19 crisis.

The report, “Social and Economic Cost of Eating Disorders in the United States of America,” was released June 23 by the Strategic Training Initiative for the Prevention of Eating Disorders, the Academy for Eating Disorders and Deloitte Access Economics.

According to the report, untreated eating disorders cost the U.S. economy \$64.7 billion plus, with a \$48.6 billion/75.2% loss in productivity. Eating disorders, say researchers, affect everyone from children as young as 5 to seniors over 80.

“We wanted to put a dollar figure on the massive impact that eating disorders have on our society,” S. Bryn Austin, Sc.D., professor in the Harvard School of Public Health and Harvard Medical School and immediate past president of the Academy

for Eating Disorders, told *MHW*. “The economic impact on the U.S. is enormous.”

The researchers have no immediate conclusive evidence on eating disorder rates during the pandemic. “Our study was not designed to gather those data,” said Austin. “Other research has found that with shelter-in-place orders and social isolation during COVID-19, along with fear and anxiety, that presents a powerful triple whammy for people who are especially vulnerable and already struggling with an eating disorder,” she said.

The report’s release during the pandemic demonstrates how one can easily see how barriers to care and unmet needs are exacerbated, Austin said. The health care system is overwhelmed, she said.

Method

The costs of eating disorders in the United States were estimated from a societal perspective for the fiscal year between Oct. 1, 2018, and Sept. 30, 2019, using cost-of-

illness methods. A range of cost components was used in the research, such as financial costs to the health system, productivity costs and other costs.

The value of reduced well-being for people with eating disorders was also estimated. While the loss of well-being is not a financial cost, reduced quality of life due to impaired functioning and premature death that result from eating disorders was measured in monetary terms by multiplying a value of a statistical life year by the years of healthy life lost using the burden of disease methodology.

“It’s also important to look at the impact on well-being in life, particularly when there is no access to treatment,” she said. The research found that \$326.5 billion represents an additional loss of well-being per year.

Eating disorders represent the highest death rate of any psychiatric disorder, with the exception of opioid dependency at certain ages, said Austin.

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Findings

“Our study found 10,200 deaths per year as a direct result of an eating disorder, which is equivalent to one death every 52 minutes,” Austin stated. She added that 9% of the U.S. population, or 28.8 million Americans, will have an eating disorder in their lifetime.

An important finding is that in addition to the report coming out in the middle of COVID-19 and in the middle of the Black Lives Matter movement peaking across the country and globally, the report finds that there is a “gross inequity in the effect of eating disorders for communities of color, particularly African Americans,” said Austin.

About one-half of Blacks are as likely to be diagnosed or receive treatment as compared to white people with an eating disorder, she said, citing the reasons as barriers to care, clinical bias and insurance barriers. “This is a theme throughout the reporting of health disparities and

inequities throughout the COVID pandemic,” said Austin. “It most harshly affects people of color.”

Austin added, “We know this is a big challenge we have ahead. Our report gives us a stark [view] on the size of and impact of eating disorders in our society.”

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S. Bryn Austin, Sc.D.

Solutions

“We need the CDC [Centers for Disease Control and Prevention] to carry out national surveillance [efforts] and to be able to monitor the incidence of eating disorders,” said Austin. “We need routine screening

in clinical care, and in schools. We need it in the workplaces.”

Evidence-based treatment and preventive options are available. “We have to reach people with these options and put them on a healthy path,” Austin said. “They have to get treated early before it becomes much harder to treat.”

Researchers’ estimates show that females are twice more likely to have an eating disorder than males, said Austin. Stereotypes exist that reflect only on females and not males, she noted. Of the 28.8 million Americans who experience eating disorders in their lifetime, one-third are boys and men, Austin said.

This has all been happening prior to the pandemic, she said. Tools need to be available in our health care system, she said. “We need to address the gross inequities [impacting] access to care in rural populations, for people of color and in lower-income communities.” •

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treatment approach for children with ADHD,” Bob Cattoi, CEO of Children and Adults with Attention Deficit/Hyperactivity Disorder, told *MHW*. “It has the utility, as prescribed by a physician, to potentially help children with ADHD improve their concentration skills and progress their learning abilities.”

Cattoi added, “The components of an effective multimodal treatment approach can include behavioral interventions, training, educational support and medication, in a combination based on each individual’s specific needs.”

“The FDA approval is a big deal,” Scott Kollins, Ph.D., professor of psychology and neuroscience at

Duke University Medical Center in Durham, North Carolina, and director of the Duke ADHD program, told *MHW*. “To my knowledge, this is the first FDA-approved video game for the treatment of any condition.”

Core technology

“EndeavorRx is built on the Akili Selective Stimulus Management engine (SSME) core technology, a proprietary technology designed for the targeted activation of specific neural systems in the brain to treat diseases with associated cognitive dysfunction,” an Akili spokesperson told *MHW*.

The SSME presents specific sensory stimuli and simultaneous motor challenges designed to target and activate the neural systems that play a key role in attention function while using adaptive algorithms to personalize the treatment experience for each individual patient, the spokesperson

noted. “This enables second-by-second monitoring of patient progress completing the treatment sessions, and continuously challenges each patient to an optimized level, encouraging patients to improve their performance,” she stated.

The Akili spokesperson explained that EndeavorRx was granted clearance based on data from five clinical studies of more than 600 children diagnosed with ADHD, including a prospective, randomized controlled study published in *The Lancet Digital Health* in April.

The study, “A novel digital intervention for actively reducing severity of paediatric ADHD (STARS-ADHD): a randomised controlled trial,” was not the first to examine digital therapies in children with ADHD. The current study, however, is by far the biggest and most rigorous, with a goal to use the study results for submission to the FDA, added Kollins,

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