Youth experiencing major depressive episodes continue to go untreated. Even among the states with the greatest access for youth, one in three youth are still not receiving the mental health services they need.

Spotlight issues

Reinert said this year’s report includes two spotlights on key issues: 988 implementation and disparities in mental health treatment.

Next year’s implementation of the three-digit suicide and prevention and mental health crisis hotline represents a “great opportunity” to create a continuum of care to ensure mental health responses to mental health crises, said Reinert. Every state is responsible for submitting its own legislation to fund and implement the 988 infrastructure. The bills would determine how those funds would be collected.

Vibrant Emotional Health, which manages SAMHSA’s suicide prevention lifeline, indicated there are about 4 million calls annually per year. They expect that number to grow significantly following 988, with about 14 million callers by its fifth year, said Reinert.

Of the 13 states with the highest rates of suicidal ideation among adults, only four — Utah, Oregon, Indiana and Colorado — have successfully passed state legislation for 988 implementation, Reinert noted.

Regarding disparities in mental health treatment among youth, Reinert said that while young people with depression are most likely to receive nonspecialty mental health services in education settings, she said.

“Following COVID-19, there’s going to be a growing number of youth in need of mental health care,” said Reinert. “What we see in the data are high rates of suicidal ideation, and we see low rates of access to care for youth with mental health conditions.”

Bottom Line …

Leading mental health organizations shared research with the CDC that found that schizophrenia spectrum disorder may be a risk factor for mortality in patients with COVID-19.

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Higher Risk for Severe COVID-19: Information for Healthcare Providers,” added mental health disorders, limited to mood disorders, including depression, and schizophrenia spectrum disorders, to its list of underlying medical conditions associated with highest risk for severe COVID-19.

The updated information reflects current evidence regarding underlying medical conditions and is intended to help healthcare providers make informed decisions about patient care and increasing the awareness of risk among their patients,” the CDC stated.

The Kennedy Forum, One Mind and Mental Health America (MHA) are part of more than a dozen leading mental health groups that, in a letter to Dr. Rochelle P. Walensky, CDC director, outlined the importance of adding people with schizophrenia and other forms of serious mental illness who are more at risk for severe illness and death from COVID-19.

“As leaders of mental health organizations who have seen the devastating effects of COVID-19 on people with severe mental illness, we’re calling on our state and national leaders to provide guidance and funding to state and local health departments to establish COVID-19 vaccination programs specifically designed to increase vaccination rates for people with mental illness,” they wrote.

“These must include mobile vaccine clinics for aggregate housing facilities, robust outreach to at-risk populations at homeless shelters and encampments, engagement by peer support specialists, training of community health workers, nurses and other public health workers and efforts to address sources of vaccine hesitancy in this population,” the groups stated.

In short, guidance by the CDC directing public health officials to prioritize those with mental health conditions identified as high risk for severe illness or death due to COVID-19 will have a drastic impact on their survival rates, with only modest public investment needed, they wrote.

“We’ve been advocating for this with at least 15 other organizations for many months now,” Jillian Hughes, MHA spokesperson, told MHW. The groups pointed to very compelling research that found that people with mental illness are at higher risk of dying from COVID-19, she said.

Hughes noted that an estimated 25 to 30 million adults in the United States are living with mental health conditions that the CDC listed, including all mood disorders and schizophrenia spectrum disorders.

‘Thanks to the CDC’s decision, my sister and many of our loved ones — among those most at risk — are now eligible for a booster shot.’

Lisa Dailey

Key research

International research, including two comprehensive meta-analyses, confirms that those with schizophrenia and other forms of serious mental illness are more at risk for severe illness and mortality from COVID-19, the groups stated in their letter. Other research demonstrates that a very modest effort to encourage vaccination leads to consistently higher rates of vaccination than that of the general population.

“The moment research began to break demonstrating how dangerous COVID-19 is for those with serious mental illness, our top priority was to fight for families affected by these diagnoses to ensure they were not overlooked,” Lisa Dailey, executive director of the Treatment Advocacy Center, told MHW. “Whatever differences exist on the finer points, leaders of major mental health advocacy organizations joined with us in our effort to ensure CDC guidance includes this vulnerable population.”

Dailey added, “Thanks to the CDC’s decision, my sister and many of our loved ones — among those most at risk — are now eligible for a booster shot. And most importantly, our communities now know that this population needs and deserves to be prioritized.”

Dailey and former MHA CEO Paul Gionfriddo wrote an op-ed in April and published in The Hill calling for a national vaccination strategy for people with mental illness. The strategy includes allocating vaccines to inpatient psychiatric hospitals, community mental health centers, community behavioral health organizations and other mental health and substance use service providers who are best positioned to reach those with serious mental illness, they wrote.

They also called for the creation of multimedia materials for states and local communities to provide education about the importance of vaccination and dispelling myths about vaccine safety tailored to those with serious mental illness. Dailey and Gionfriddo said the strategy should also include peer support specialists in the process so they can connect with those with serious mental illness.

Accessing resources

Hughes pointed to the letter to the CDC that indicated that the organizations are “also aware that communities are using the CDC medical condition list now to allocate scarce resources and the failure to include serious mental illness is having an immediate negative effect. For example, one community is using the list to prioritize access to shelter beds. Many communities will use the list to target outreach, for eligibility to access booster shots, for services and housing, and other important benefits.”
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New treatments emerging for people with serious mental illness

Following approval by the Food and Drug Administration (FDA) in June, Alkermes officials on Oct. 18 announced the commercial availability of Lybalvi (olanzapine and samidorphan) for treating adults with schizophrenia and adults with bipolar I disorder. Lybalvi is a once-daily, oral atypical antipsychotic composed of olanzapine, an established antipsychotic agent, and samidorphan, a new chemical entity.

The newly available prescription treatment is considered as a maintenance monotherapy or for the acute treatment of manic or mixed episodes as monotherapy. It is also considered an adjunct to lithium or valproate.

Olanzapine has long been considered a highly effective treatment option, Damon Harrell, vice president of Alkermes' psychiatry franchise, told MHW. Samidorphan has been found to mitigate weight gain, he noted. In terms of treatment, this is what changes for individuals with schizophrenia as physicians look at treatment options, Harrell said.

Patients struggle with finding treatment that will work for them over the long term, said Harrell. For patients with schizophrenia and bipolar disorder, unfortunately, some have a really difficult time finding effective treatments. People with schizophrenia may try five medications before settling for what works for them, and patients with bipolar I disorder may try up to seven treatment options before finding something that works for them, Harrell said. “Treatment that works — that’s an unmet need,” he said.

Clinical development program

Alkermes’ ENLIGHTEN clinical development program, two key studies in patients with schizophrenia, demonstrated antipsychotic efficacy, safety and tolerability, officials stated.

ENLIGHTEN-1 evaluated the an- group were weight gain, somnolence, dry mouth and headache.

ENLIGHTEN-2 evaluated the weight gain profile of Lybalvi compared to olanzapine over six months in 561 patients with stable schizophrenia. This study met its prespecified co-primary endpoints, demonstrating both a lower mean percent weight gain from baseline at six months compared to the olanzapine group and a lower proportion of patients who gained 10% or more of their baseline body weight at six months compared to the olanzapine group.

Injectable treatment

A long-acting atypical antipsychotic treatment, considered the first and only twice-yearly injectable for the treatment of schizophrenia was approved by the FDA, the Janssen Pharmaceutical Companies of Johnson & Johnson announced Sept. 1. The dosing regimen of Invega Hafyera (paliperidone palmitate) is for adult patients and provides six months of symptom control per dose.

“Invega Hafyera offers longer-term symptom control with the fewest doses per year, which provides patients with the opportunity for a life less defined by schizophrenia medication,” Srihari Gopal, M.D., MHS, head of development of psychiatry for Janssen, told MHW. “This new formulation also has the potential to support greater patient adherence, which may further reduce costs for patients, the health care system and society.”

Before transitioning to Invega Hafyera, patients must be adequately treated with Invega Sustenna (one-month paliperidone palmitate) for at least four months, or Invega

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