Dr. Lisa Dixon (00:07):

Welcome to our podcast, Psychiatric Services From Pages to Practice. In this podcast, we highlight new research or columns published this month in the journal, Psychiatric Services. I'm Lisa Dixon, editor of Psychiatric Services, and I'm here with our podcast editor and my co-host, Josh Berezin. Hi Josh.

Dr. Josh Berezin (00:27):

Hi Lisa.

Dr. Lisa Dixon (00:27):

Today we are going to talk with Sharon Hoover about a paper that is technically about funding for school-based mental health, but really serves as a primer about school-based mental health in general for all of us. It's really great.

Dr. Josh Berezin (00:42):

We are very happy to have Dr. Sharon Hoover, who is a professor of Child and adolescent psychiatry at the University of Maryland School of Medicine, and she's also the co-director of the National Center for School Mental Health. Here to talk to us about a recent paper in Psychiatric Services, investing in school mental health strategies to wisely spend, federal and state funding, which I should mention as part of the Scattergood Foundation's Think Bigger Do Good Policy series. So Dr. Hoover, thank you so much for joining us today.

Dr. Sharon Hoover (01:13):

My pleasure to be here. Thanks for inviting me.

Dr. Josh Berezin (01:15):

So just maybe we could start by telling us a little bit about your background and how you got into the school mental health world.

Dr. Sharon Hoover (01:25):

Sure. So I trained as a clinical psychologist and when you're training to be a psychologist, you usually work in a few different kinds of settings. So I worked in inpatient settings and outpatient settings, and in one of my later years of training, I spent about half of my time in an outpatient mental health clinic and about half of my time in a school, high school in Baltimore City and then some of my overnights in the emergency department. And it was really that year that I decided schools are the place that I needed to be in my own work in supporting children's mental health, but also just where I thought probably more of our work needed to be if we were going to move upstream and do mental health promotion and early identification, but also if we were going to reach young people who just weren't making it to our traditional mental health settings.

(02:20):

You may know this, but the outpatient mental health no-show rate is about 50%. So often we're sitting here in outpatient mental health waiting for people to come and they're not able to make it. So I was really fortunate to be doing my training at the National Center for School Mental Health, which is at the University of Maryland. And in 2010 I became co-director of that center. So I've been able to just continue my work in school mental health, and it's been a really great place for me to be.

Dr. Josh Berezin (02:46):

So before we dive into this particular paper, I think it'd be helpful for me coming a little bit more from the adult world with some passing knowledge of school mental health. As I was reading the picture, I wanted to get a sense of what would be the ideal school mental health program? What would it look like, what would it feel like? What would some of its components be for the kind of top of line school mental health program?

Dr. Sharon Hoover (03:19):

Yeah, I love that question because oftentimes when we think about, or when folks hear about mental health in schools, they assume we're just talking about a counselor in a school. That's what a lot of us think about when we think about growing up in schools and what mental health may have looked like if we even thought about it at all. But how we think about mental health in schools has really evolved over the years and there's lots of components as you said, we think about it often as the public health triangle. So there's some really foundational things that a school would have. So first, there's these partnerships between schools and community providers and families with youth really helping drive what's happening with respect to their own well-being supports in a school. So first and foremost, schools shouldn't be doing mental health work in isolation.

(04:07):

It really needs to happen with partnerships with the community. And we also think about starting with the adults in the school building. So not only do we need to have enough adults in the building to actually support mental health, that includes educators of course, but also folks like school psychologists and school social workers and school counselors and school nurses. But we also need to support the well-being of the adults in the building. We all know what it's like to be in a workplace or even a school where the morale is not very good, where the well-being of the adults is not supported and not surprisingly, that really trickles down to students. So there needs to be support in place for adult well-being. And part of that is supporting self-care, time for self-care, but also just having policies and practices in place that really allow the teachers, the administrators, and the other support staff to get support if they need it, to get mental health support.

(05:05):

So once we take care of those foundational pieces and we think about moving up to, well, what would be at tier one or universally there for all students, and you talked about what would it look like if you walked into a school. So it even starts before a student walks in a school building. So if they're getting on a school bus, you'd have a bus driver who is trained in the importance of welcoming students by name, checking in with them, "How's your day going?" Making them feel like they belong. And having folks outside of the school building also welcoming students in, that's part of what contributes to what we would call a positive school climate. So people outside of their classrooms greeting students, signage across the school that reflects students and families, communities in terms of race, ethnicity and language. We would think about the physical structure of the school.

(06:00):

So things that are promoting of well-being like having gardens and places to play and well-lit comfortable environments. And then there's also things that we put right there into the classroom to support all students well-being. So that includes things like social-emotional competencies built into the curriculum, mental health literacy, which is actually becoming mandated in a lot of states. So this means that kindergarten through 12th grade students are actually being taught what it means to have positive mental health, how to identify if they or their loved ones are struggling and how to seek help. It's things

like bullying prevention programs and positive behavior programs. There's a really good example of that good behavior game is something that's implemented in the classroom that teaches students how to behave and encourages them to have positive behaviors. So that's what we think of that should be in place for all students at tier one.

(06:55):

And then when we move up the tiers so to speak, it's for students who may have more mild to moderate concerns with respect to mental health. You want to have things in place, people in place, but also programs in place that can support students with brief interventions. So there are things called check in, checkout, so an adult in the building who can check in with a student who may be having some mood dysregulation or maybe they had a breakup or the death of a loved one. It doesn't mean they need to go into mental health treatment for a year, but it might mean that they need something in place. And that could be from a school counselor, it could be from a teacher. And then finally, and this is again what we often think about is we need to have mental health clinicians who are actually based in schools to provide therapy to students if they need it.

(07:46):

And some people think, well, wait a minute, shouldn't that be happening out in the community? And the answer is yes, but we also know that young people are far more likely to initiate and complete mental health services when they're offered in the schools. The data would suggest about six times more likely to complete mental health treatment when it's offered in the schools. So that's what it looks like. And I know I gave a long answer there, but it's not just having a counselor in a school. There's really all these layers of supports that are in a school to make what we would call a comprehensive school mental health system.

Dr. Josh Berezin (08:20):

I mean, I can see why this is such an interesting field to be in. You hooked me because-

Dr. Sharon Hoover (08:27):

Oh, good.

Dr. Josh Berezin (08:28):

...we have on the adult side, people are going all sorts of different places during their days. They're going to work, they're going on the subway, they might be staying at home, they might... There's a million but you have this system that almost every kid is engaging with on a daily basis where some of these things are playing out. So when you talk about the bus driver all the way to this very specialized counselor, it does seem like this really interesting. You have to have this system work, these two systems interacting. So it does sound like a very fascinating space to be in. I don't need to sell you on that though.

Dr. Sharon Hoover (09:08):

You don't need to tell me, but you're exactly right. We need to go where people are to get them mental health supports. And most kids are in schools, young people spend 15,000 hours between kindergarten and 12th grade in the school setting. And so if we don't leverage that opportunity to support their mental health, we're really not serving kids well.

Dr. Lisa Dixon (09:31):

So Sharon, I mean, we could spend the entire interview on this first question, but I think it reflects. I know for me, I feel like I have a large pool of ignorance here, but while you were talking, I was also wondering about the age range. So what are the big differences and how do you think about serving a group of second-graders versus a group of 10th or 11th graders?

Dr. Sharon Hoover (09:56):

Yeah, it's a great question and one of the biggest differences I would say is how young people get to mental health supports when they are in elementary school versus in middle or high school. We see a lot more self-referrals once you get to high school, for example, especially when we make students aware of how they can access mental health services. Students, when I worked as a psychologist in high schools, they would just come and knock on the door and say, "I need an appointment. I heard about you." Or I would go into classrooms and do a presentation about the services that we offer, and they would be able to come get a pass and come see us.

(10:32):

Whereas with our younger students, we're more likely to get referrals from a teacher or a parent or caregiver, but we get both. So even in the elementary level, some students will just walk in and either way, we do get family consent if we're going to do treatment or therapy with those students. That's one of the differences. Of course, the interventions that we use, whether for a kindergartener look a bit different than those that we would use for a high school student. There are thankfully evidence-based interventions all along that age continuum.

Dr. Josh Berezin (11:08):

So while I was reading the paper, one of the things that really stood out for me was how central a role COVID played, at least in the description of what happened over the past couple years and also some of the funding responses to it. It's something that I think we're all still trying to wrap our heads around or what were the effects of the pandemic. You mentioned in the paper that COVID highlighted an increased youth's mental health challenges. I thought that was a really succinct and nice way of putting it, that highlight and increase. So something was happening before that it showed was happening and then also increased. So I just was wondering if you could expand on that a little bit.

Dr. Sharon Hoover (11:54):

Yeah, I mean one of the things that we do want to make really clear is that even before the pandemic, there was a significant concern that often went underestimated or unaddressed in terms of young people's mental health. We knew about one in five children, adolescents in the US were experiencing a mental health challenge and the pre-pandemic, the rates of youth suicide were increasing as well as rates of anxiety and depression. So we don't want to suggest that COVID is the thing that caused a increase in mental health concerns for young people or adults for that matter. It exacerbated a challenge that already existed and I'm sure did precipitate mental health challenges for a number of young people who may have been vulnerable before the pandemic. And we also know that pre-pandemic, a lot of young people who were struggling with mental health concerns weren't accessing mental health services again, which highlights the need of bringing services to where young people are.

(13:01):

But COVID absolutely, and the data is becoming more clear on this, did increase youth mental health challenges. And it's not surprising we had these prolonged lockdown periods. Students were socially isolated. They had an increase in the use of their digital devices and a lot of exposure to social media. A lot of them had disrupted education and there was a lot of uncertainty in their families and at home for

their own lives about what their future was going to be. So all of that, not surprisingly, shows an increase or led to an increase rather in rates of anxiety, depression, social isolation. So when you look to the data, you see an uptick in the context of COVID of these things. And we know a lot of young people and families are trying to still get back to routines and social connections and some of that strain of remote learning that they may have experienced.

Dr. Josh Berezin (14:00):

And you also mentioned that 140,000 kids lost a parent to COVID as well. And just that and thinking about how disruptive that would be, because it's not just the child who's the parent, right? It's like all those kids, their social networks are also experiencing somebody whose parent died, which is very, very disruptive for people's sense of safety and coherence. And so just that would be something that would have a big effect I would-

Dr. Sharon Hoover (14:29):

That's exactly right. I'm glad you mentioned that because I think when we think about COVID sometimes and the impact on young people and how it relates to schools, we immediately go to, well, they were locked down and they didn't get to go to prom. And that is big for a young person, an adolescent, but there are all these other really big factors that negatively impacted mental health, like loss of life and economic instability in their families and in their communities. Some of the racial disparities that we saw in mortality really impacted entire communities. So it wasn't just the direct parent rate, but people were losing teachers and faith leaders and coaches and then had to return to this school environment with all of these hits on their psyche. And so again, not surprisingly, it's taken a toll. So we want to acknowledge that rates of mental illness were rising and suicide were rising in young people pre-pandemic but it's gotten worse.

Dr. Josh Berezin (15:29):

One thing that the paper is a lot about the funding response and COVID obviously prompted a huge response in government funding for youth mental health. And I will admit, I got a little lost in the acronyms, but I'm going to just take a stab at a 30, maybe 50 maybe from orbit view, is that there were a couple of different federal funding mechanisms that directed billions of dollars towards state education agencies who then were tasked with distributing 90% of that money to local education agencies with the overall goal of increasing the vision that you laid out at the beginning under comprehensive school mental health systems. How did I do?

Dr. Sharon Hoover (16:20):

You did great. And even I get lost in the acronyms. We joke that it's alphabet soup both in terms of school mental health in general, but also in terms of these funding mechanisms. People feel the need to come up with these catchy acronyms. So we've got BISCA, the Bipartisan Safer Communities Act, we've got ETSR, The Elementary and Secondary School Emergency Relief Fund. Those were the two biggies that funded billions of dollars, as you said, towards state and local education agencies. And they funded things like increased staffing and increased programming to schools to support mental health and well-being and school districts use these in lots of really wonderful ways to support mental health. And the funding has continued to support grant mechanisms. Some of the biggest ones that are directly feeding school mental health include SAMHSA, the Substance Abuse Mental Health Services Administration's, Project Aware, which stands for Project Advancing Wellness and Resiliency and Education, another

acronym, but also the Mental Health Services and Professionals Grant, which is out of the US Department of Education.

(17:29):

So these funds went, as you said, directly to states who then supported their districts in hiring folks and putting all programs in place across those tiers that I talked about earlier. And they've been really successful I would say, in looking at some of the data that's coming out and increasing access to mental health services for young people and increasing staffing. So alphabet soup, but it's gone to a good cause, I would say. But a couple of things that we also know is that the money came fast and furious. So a lot of state departments of education and local districts felt like they had little time or guidance or staffing to use the funding well. People talk now about all these postings for school psychologists, for example, that went unanswered because not only did we have more funding, but people were leaving the field of mental health. And then the entities, the state and local entities are now worried that their investments are not sustainable because the funding is time-limited. So great funding used for tremendous things, but there's some challenges.

Dr. Josh Berezin (18:39):

And the funding is actually ending soon, in a couple months, September. That's the funding cliff that you mentioned in the paper a couple of times. So I read the paper through first once and I read it over again and I was imagining this car hurtling towards this funding cliff. And you with the paper waving people over on these four off-ramps or these four bridges over this cliff and being like, "There's the cliff, it's there, but come this way because you could still use the money to support comprehensive school mental health systems." So I don't know if you thought of yourself as sending up the flares or anything, but that's how I thought of you with this paper to show people these four ways that they could not just drive right off the cliff and have all of this great work that they've done disappear.

Dr. Sharon Hoover (19:39):

Well, I love the metaphor. I would probably think of it as a multi-lane highway with lots of trucks and lots of cars because we're talking about every state in the union and territories and districts who are really all looking at this funding cliff. And the good news is it's not just me out there with my paper waving [inaudible 00:20:02]. There is a lot of folks who are working really hard right now to sustain these efforts, including some of the funders really thinking about how can they help their grantees, for example, with sustainability. But yeah, it does feel like we're trying to get people to think about sustainability if they're not already.

Dr. Josh Berezin (20:22):

So why don't we walk through these four strategies, maybe giving one or two examples of each one. And so the first one you mentioned is fostering cross-sector partnerships. So what are those and how could the current funds be used to foster or secure those?

Dr. Sharon Hoover (20:44):

Yeah, so when we talk about cross-sector partnerships or collaborations, we're really thinking about the key partnering agencies that serve young people. So Medicaid, public health, human services, healthcare, universities, and behavioral health and education systems at the state and local level. So sometimes at a state level, this might be like a children's cabinet or a community of practice or some states or local communities call it a coalition, and states can use some of their funding right now to invest in those partnerships in... A couple of ways might be just investing in convenings where those

child-serving agencies can come together and establish shared vision, look at their funding, if they can engage a funding expert to really think about strategic braiding and blending of funding across these agencies, that's fantastic.

(21:39):

But another thing we've seen some states do really well with this funding is bring together those child-serving agencies to understand the policy environment in their state. So for example, partnering with their youth and family leaders and advocates to understand what policy priorities should rise to the top. And then working with their child-serving agencies to figure out how to best advance policy even in partnership with their state legislatures.

Dr. Josh Berezin (22:10):

And I love one thing you mentioned in the paper is that by definition, school mental health is cross sector.

Dr. Sharon Hoover (22:17):

Exactly. As I mentioned earlier, schools shouldn't have to bear the responsibility of student mental health alone. This has to be cross sector in terms of at least education and behavioral health being at the table.

Dr. Lisa Dixon (22:30):

Yeah, I was just going to say that I've been very involved with NAMI, the National Alliance On Mental Illness over my career. And this NAMI would be a great partner I think in this partnership.

Dr. Sharon Hoover (22:42):

Absolutely. We want our advocacy partners at the table because they help us to guide and then really influence policy. And so NAMI and the Federation of Families For Children's Mental Health, those are some that have really been strong allies in this school mental health work.

Dr. Josh Berezin (23:00):

So besides cross-sector partnership, your second suggestion is around strengthening and expanding Medicaid coverage. I'm going to ask you to very briefly summarize probably what is a huge topic, but I think for me and some of our listeners Medicaid in schools, I just don't quite know how that works in general or what that means. So maybe you could orient us a little bit to how Medicaid works in schools and then talk about how some of this current funding could be used before it runs out in September.

Dr. Sharon Hoover (23:36):

And Medicaid is a way that we can actually extend the funding beyond September. In fact, it's for me, one of the most promising ways. So just in short, Medicaid covers children from low-income families and to receive services, students must be eligible for Medicaid to receive that school-based Medicaid funding and Medicaid can actually cover a lot of mental health services. So it can cover individual therapy, group therapy, behavioral assessment, crisis intervention, case management, medication management, a lot of things that we can do in schools. These are happening in schools and they can be covered by Medicaid and schools. And school districts can actually seek Medicaid reimbursement for these eligible services provided to students. And of course it requires proper documentation and adherence to Medicaid guidelines, but they can also leverage Medicaid through what are called school-

based health centers that are often funded by Medicaid. And they provide a variety of health services including mental health care, and they're usually staffed by health professionals who offer treatment in the school setting.

(24:42):

So how schools access Medicaid, so essentially schools and health centers have to enroll as Medicaid providers in order to bill for services. Students who have individualized education programs or IEPs or IFSPs, another acronym, individualized family service plans can get those services covered. And those are for students with identified disabilities. But also, and this is really important, this really changed the landscape of how we think about Medicaid in terms of sustaining school mental health services. So in 2014, the centers for Medicare and Medicaid services or CMS clarified that Medicaid can actually pay for health and behavioral health services in schools to Medicaid enrolled students without an IEP. And in the school world, this is a really big deal. This means that a lot more young people can get covered, but to do so, states actually need to update their own policy. So they need to make an amendment to their state Medicaid plan.

(25:46):

And lots of states have already done it. And more recently, they're now being required to expand their state Medicaid plan to do so. And of course, again, there's documentation and compliance rules that guide this work. But that's Medicaid in a nutshell. And the other way that schools can leverage Medicaid is by partnering with community behavioral health providers who come into schools and provide services. And this happens all over the country. And then those mental health or behavioral health providers can get reimbursed for services by billing Medicaid. So that's essentially how Medicaid operates to support mental health in schools.

(26:28):

There are challenges with it. There's administrative burden, there's some funding limitations. So even if they can bill for all these services, they may not be adequately supported that the services themselves may not be adequately funded. And there's tremendous variability by state. So it's a tremendous opportunity. It's a way that mental health services can be covered and there's a lot of room for expansion, and some states have already done a beautiful job expanding. So Michigan is our gold standard. They started this process early, there're already a few years into their state Medicaid expansion, and students are receiving a lot more services than they were before this Medicaid expansion.

Dr. Josh Berezin (27:11):

So I mean, I can just imagine again, from like a ten-thousandth foot view, I think hospitals have trouble sometimes understanding all the billing around Medicaid. So when you're asking education providers and agencies that manage education to also understand the Medicaid system and billing and how all that works, it seems like there's probably a lot of room for technical assistance, support systems improvements, even above and beyond just getting the regulatory framework in.

Dr. Sharon Hoover (27:49):

That's exactly right. And that's where we see the potential to leverage some of these COVID relief funds is paying for some of that training and technical assistance and service startup to support Medicaid reimbursement. The other good news is that CMS is aware that this is not an easy lift for school systems. And so they have funded a national technical assistance center to support Medicaid and schools to cover school health services. They're also awarding within the next few weeks a set of 20 grants to states that

will have applied for specific technical assistance and funding to get this going. So there's a recognition of what you just mentioned. This is not easy, especially for some of our smaller and rural districts who don't necessarily have the infrastructure for billing Medicaid. So many have decided it's not worth it because of that administrative burden and startup cost.

Dr. Josh Berezin (28:47):

So we're skipping around in the order from the paper a little bit, but this idea of creating TA and professional development support was actually a suggestion in and of itself. I think maybe that includes some of the Medicaid stuff, but also was really around other non-Medicaid issues. So maybe you could walk through that suggestion as well.

Dr. Sharon Hoover (29:06):

That's right. So states can use some of this time-limited funding to also support technical assistance to their local school districts in things like professional development or maybe hiring someone to help them create a compendium of programs, evidence-based practices that can be used in schools. And we've actually seen a number of states do this really well. So Massachusetts has something called MASMHC, the Massachusetts School Mental Health Consortium. They bring together the districts that are a part of the consortium, and it's hundreds of their districts at this point to provide technical assistance monthly to them. Connecticut has a purveyor called the Child Health Development Institute that supports evidence-based practices for their local school districts. But the state can really play a big role in that, not only in terms of funding it, but also just coalescing all of this information for their districts. So there's a lot of opportunity to use this funding for technical assistance even beyond Medicaid.

Dr. Josh Berezin (30:07):

So that brings us to the final area where you think states could use the funding before it dries up in a couple of months, which is on establishing and enhancing data systems. So tell me more about that.

Dr. Sharon Hoover (30:22):

Yeah, so probably when we talk with schools about their biggest challenges in school mental health, they would say that they struggle with data. I mean, we still have school professionals who are doing all of their work in notepads, and there's not always great processes for referring and sharing data between school and community partners. Data systems I see as a real area of potential investment with these funds because a lot of the funding for data systems is upfront. Of course, there's maintenance costs, but that's why the time-limited funding this might be perfect for. And there's a few different types of data systems that would be relevant here. So there's surveillance systems like many schools do, the youth risk behavior survey, which takes a look at behavioral health issues, substance use issues among young people, and it really helps school districts and states take a pulse check of how students are doing with respect to mental health and it can help inform their services.

(31:23):

School climate surveys are another thing that a lot of schools do. So investing in those and making them system-wide or universally accessible for the districts in your state, that would be a great investment of these funds. But there's also data systems that might track the impact of specific school mental health interventions. Like in Connecticut, they have what they call the EBP tracker, and it's an evidence-based data system to track the impact of evidence-based practices in their child's mental health system, including in schools. So they have this awesome way of showing how their investments in evidence-

based practices are actually producing results for young people. And then finally, and this is probably the most complicated one, is the investment in real-time data systems that clinicians can use. So whether you're a school psychologist or a community mental health clinician coming into schools, how do you know that your services are actually impacting the young person in front of you and their family?

(32:21):

And then how can you use that data in a real-time way to inform your care or what we would call measurement-based care. And some states are using this funding to invest in those kinds of systems. Again, I'm going to refer back to Michigan because they have almost statewide invested in a system called BH Works, and it's a way for school-based clinicians to take a look at. It actually tracks a lot in terms of referrals and referral feedback, but also it helps clinicians, triage students and into services. So again, just a lot of opportunity for investment in data systems that will improve care.

Dr. Josh Berezin (33:01):

So that's on the individual level, on the school level so that the school knows what's going on, and also at the regulatory level as well, so that the state agencies can understand what's actually happening across the state.

Dr. Sharon Hoover (33:19):

That's exactly right. And even those individual systems or the ones that are targeting individual measurement-based care, you can aggregate that data across students in your system to take a look at what's the average length of time that students are in care, are students actually making it to community referrals? What happens to students when they return from inpatient care? Are we supporting them in the school system well enough? So those systems can be really helpful from a system perspective as well.

Dr. Josh Berezin (33:49):

Okay. So we have covered the four strategies for using the funding before we head over the cliff or towards the cliff. And just to summarize, those are cross-sector partnerships, leveraging Medicaid, improving data systems, and working on technical assistance and professional development, and definitely point readers towards the paper for more details on everything we've covered here today. But I'm just wondering, by way of closing, as we're heading towards September, what's the temperature check? Are you feeling optimistic, pessimistic? Maybe a little both, depends on the state. Where would you leave us your hope measure?

Dr. Sharon Hoover (34:28):

So I try to be an optimist by nature, and I think I'm an optimist by nature, and so I feel optimistic, but I don't think we can approach this without effort. I don't think... I think it would be a mistake for those of us who care about youth mental health to assume that everyone's going to continue caring about this issue in the way that they have over the last couple of years. So it's really important for educators, for families, for young people to get a seat at the table with your local education authority or state education authority, with your advocacy partners to really educate school boards and your state legislature even about the wealth of evidence that when students receive mental health supports where they are, including in schools, that they are more likely to attend and do well in school and just thrive as young people.

(35:40):

And there are a lot of legislative guides that can help with this. There are exemplars across the nation, some of which we talked about today. So we can't just make the assumption this is going to happen on its own. So I'm optimistic, but I also would encourage people to keep up the good fight here for children's mental health because it's really important work.

Dr. Lisa Dixon (36:04):

Sharon, wow. I am just blown away by how comprehensive and you covered the big picture and you got us down into the proverbial weeds with the concerns of individuals. And I really appreciate your encouragement of advocacy and individuals, all of us assuming responsibility for making this happen. Thank you so much.

Dr. Sharon Hoover (36:27):

Thank you. Thanks for having me.

Dr. Lisa Dixon (36:30):

That's it for today. Thanks to Aaron Van Dorn for mixing and editing and Demry Jackson for additional production support. We invite you to visit our website ps.psychiatryonline.org through the article we discussed in this episode, as well as other great research. We also welcome your feedback. Please email us at psjournal@psych.org. I'm Lisa Dixon.

Dr. Josh Berezin (36:54):

I'm Josh Berezin.

Dr. Lisa Dixon (36:55):

Thank you for listening. We'll talk to you next time.

Speaker 4 (36:57):