The National Stepping Up Summit

First-ever summit to reduce number of people with MI in jails convenes in D.C.

Every year, two million adults with serious mental illness are jailed in the United States. With a mission to reach meaningful prison and mental health reform, hundreds of behavioral health professionals, law enforcement officials, county elected officials, psychiatrists, jail administrators and others convened in Washington, D.C., last week at a first-of-its-kind summit to address reducing this prevalence.

The National Stepping Up Summit, held April 17–19, gathered together county leaders and policymakers representing 50 jurisdictions in 37 states. The momentum to create this national conversation launched last year in May as a partnership of the Council of State Governments Justice Center, the National Association of Counties, and the American Psychiatric Association (APA) Foundation (see MHW, May 11, 2015).

The initiative is designed to rally national, state and local leaders around the goal of achieving an actual reduction in the number of people with mental illnesses in their jails.

Bottom Line...
Summit stakeholders were charged with creating and refining plans to help reduce the prevalence of people with mental illnesses in their jails.

Storytelling used as counseling technique for immigrant youth

Mental health experts in Texas are using digital storytelling as a way of helping immigrant children and young adults reduce anxiety, depression and post-traumatic stress after seeking asylum in the United States. The storytelling is used as a counseling tool and as a way for the children to deal with trauma by expressing their emotions in their native language, mostly Spanish, via technology.

“We combined the narrative storytelling with the use of an iPad and we are calling it digital narrative storytelling,” Cheryl B. Sawyer, professor of counseling at the University of Houston Clear Lake in Texas, told MHW. “We’re using digital storytelling as a methodology.”

“There’s been a tremendous amount of unaccompanied and undocumented children who have journeyed from Central America into Texas over the last few years,” Sawyer explained. The number of children and young adults range anywhere from 60,000 to 100,000, she said. Sawyer pointed out that about 98 percent of the children and young adults who come to this country will remain in the United States.

The young people travel via what’s considered the Northern Tri-
needed to change it,” she said.

Data is important, she noted. “You love that crime rates are down, but we need to be looking at whether we are successful in the punishment we’re asking for?” she said. “Are we reducing the recidivism rate?”

Liz Glazer, director of the New York Mayor’s Office of Criminal Justice, said that the criminal justice and the health system are “disjointed pieces we’re trying to hotwire together. There’s no boss in the whole system.”

She spoke about the challenges of rolling out diversion centers in the state. “If you don’t have the skill sets or the people willing to do it, you have to rethink it,” she said.

Social workers, clinical staff and others could intervene, she said. “We’ve maxed out the market in social workers. People aren’t graduating fast enough and getting licensed fast enough for the numbers we want to hire,” she said.

Denise O’Donnell, director of the Bureau of Justice Assistance (BJA), told attendees each community is different; therefore, responses to address the problem of incarceration of people with mental illness should be different. She spoke about plans to develop an online tool kit that would allow law enforcement agencies to understand different response models. In New York, the BJA is testing a new tool to identify the risk of being rearrested, she said. “We hope to make the tool available to communities soon,” O’Donnell said.

O’Donnell added, “We can’t underestimate the value of good technology assistance and learning from other sites [that have] done the work you’re setting out to do.”

Denise O’Donnell

‘We can’t underestimate the value of good technology assistance and learning from other sites [that have] done the work you’re setting out to do.’

Valerie Jarrett, senior adviser to President Obama, noted that this country spends $80 billion on incarceration. Eleven million Americans are in county jails, and about 5 percent are convicted and sent to prison, she said. “We have to treat mental health and addiction like a public health issue, not a criminal issue,” she told summit attendees. “We need the cooperation of everyone in this room and across the country to make sure people are getting treatments they deserve.”

Los Angeles County District Attorney Jackie Lacey told summit attendees that she has 281 criminal courts under her jurisdiction. Telling someone to let people with mental illnesses out of jail despite having the highest recidivism rates of those individuals who are arrested is “not an easy sell,” she said. Rather than start from the inside, you have to start from the outside, said Lacey, who went to various community groups to make the case about why having individuals with mental illnesses in jail is “inhumane and we

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Summit goals

Jurisdictions will develop and evaluate plans to reduce mental illness in their local jail and leave with a concrete set of priorities to take action and measure progress on their plans, according to the APA.

During the summit, attendees were charged with addressing the following six questions:

1. Is our leadership committed?
2. Do we conduct timely screening and assessments?
3. Do we have baseline data?
4. Have we conducted a comprehensive process analysis and inventory of services for people with mental illnesses who are booked into our jail?
5. Have we prioritized policy, practice and funding improvements to connect the appropriate people to the right criminal justice and behavioral health interventions?
6. Do we track progress to ultimately ensure successful outcomes for people with mental illnesses who are booked into our jail?

Important issue

The APA Foundation wanted to embark on this important issue because it affects the patients psychiatrists treat, Renee Binder, M.D., APA president, told *MHW*.

“About two million people with mental illnesses are admitted to jails each year,” said Binder. “It’s an issue we care deeply about.” With the closing of state psychiatric beds, “patients are living on the streets and not getting treated, and getting arrested, which is often related to untreated mental illness,” Binder said.

Various options should be made available to individuals with mental illness facing jails — in particular, services to help address the underlying problems, medication adherence and supportive housing with case management, she said. “We also support training police officers to deal with people with mental illness and to be able to recognize some-one who [may be] belligerent, abusive, hearing voices or delusional,” she said.

MacArthur Foundation announces funding to reduce jail population

The John D. and Catherine T. MacArthur Foundation on April 13 announced nearly $25 million in support for ambitious plans to create fairer, more effective local justice systems across the country, said officials.

The foundation is awarding 11 jurisdiction grants between $1.5 million and $3.5 million over two years to reduce their jail populations and address racial and ethnic disparities in their justice systems.

An additional nine jurisdictions will be given $150,000 grants to continue their reform work and to participate in a growing, collaborative network of cities, counties and states driving local justice reform, according to a press release.

The announcement occurred days ahead of the Stepping Up Summit April 18–19 in Washington, D.C, which brought together teams of behavioral health and criminal justice professionals to address the overrepresentation of people with mental illnesses in jails across the country.

The 11 jurisdictions receiving funding to implement their plans are representative of jails and local justice systems across the country. They range from large cities like Philadelphia and New York City to smaller and mid-sized localities like Pima County, Arizona, and Spokane County, Washington. This diversity of sizes, geographies, demographics and challenges will produce a variety of innovations and models for reform that communities across the United States can adopt, officials said.

In their work, each of the 11 jurisdictions will focus on safely driving down jail usage and reducing racial and ethnic disparities through projects, programs and reforms that will vary based on local contexts. Many will launch initiatives to address the disproportionate consequences of local justice systems for people too poor to post bail or who struggle with mental health or substance abuse issues.

The jurisdictions’ plans employ an expansive array of local solutions, such as alternatives to arrest and incarceration, implicit bias training for law enforcement and other system actors, and community-based treatment programs. Each of the jurisdictions will place an emphasis on community engagement and collaboration with local law enforcement, corrections officials, prosecutors, defenders, judges and other stakeholders in their work to drive reform, officials noted.

The grants are part of the Safety and Justice Challenge, a national initiative supported by the foundation with an initial $75 million to reduce over-incarceration by changing the way America thinks about and uses jails, officials said.

Last May, the MacArthur Foundation chose 20 jurisdictions for initial grants and expert counsel to develop plans for reform following a highly competitive selection process that drew applications from nearly 200 jurisdictions in 45 states and territories. All 20 of these Safety and Justice Challenge Network jurisdictions will be eligible for further funding.


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are “excellent,” said Binder. However, many such programs are unavailable throughout the counties, she said. Training police officers varies in different parts of the country. Small towns may have one or two CIT programs, while San Francisco and Oakland may have many, she said. “Each jurisdiction is different,” noted Binder.

Binder noted the APA’s first-ever American Psychiatric Excellence Awards were held April 18 during the first night of the summit. The awards celebrated individuals who have demonstrated the highest levels of mental health advocacy and who are working to reduce the number of Americans with mental illness in this country’s prisons and jails.

Sen. Al Franken (D-Minn.), sponsor of the Comprehensive Justice and Mental Health Act, legislation that highlights the issue of decriminalization of mental illness; and the Netflix show Orange Is the New Black were among the awardees, she said. The award helps to recognize people who are making a difference, Binder said.

Social movement

Ron Manderscheid, Ph.D., executive director of the National Association of County Behavioral Health and Developmental Disability Directors, said that the summit exemplified the beginning of a social movement. “The most important takeaway is that this be perceived as not a moment in time, but as a beginning of a movement,” Manderscheid told MHW.

Manderscheid noted the significance of attendees to take away information that can be applied to their respective counties. The breakout sessions, he noted, were equally as important as the plenary sessions.

Manderscheid recounted the words of APA Foundation Executive Director Paul Burke, who said this is a five-year undertaking. Burke expressed an interest in reconvening again next year, said Manderscheid. “This is something that is taking hold,” said Manderscheid. “This is a bipartisan issue,” he said. “Democrats and Republicans all agree that this is something we need to do.”

Meanwhile, the NACBHDD intends to move forward with its decarceration initiative, Manderscheid said. The initiative aims to help people with crisis intervention and other supports so that they don’t fall through the cracks into county jails, he said. “We fill a gap,” he said. “If you always just treat people, you will never get ahead of the problem. You have to go upstream.”

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Depressed teens counseled in PC clinics recover more quickly

A new study that for the first time looks at the effectiveness of cognitive behavioral therapy (CBT) in primary care settings for teenagers who decline antidepressants found that they were more likely to recover than teens who did not receive the primary care–based counseling, according to research published April 20 in Pediatrics.

According to researchers of the study, “Cognitive Behavioral Therapy in Primary Care for Youth Declining Antidepressants: A Randomized Trial,” depressed youth and families are often reluctant to try antidepressants, resulting in significant undertreatment. Although primary care CBT has been tested with depressed adolescents in several previous trials, none specifically examined the effects of CBT in patients unresponsive to pharmacotherapy, researchers stated.

“We’ve been researching teens and depression treatment for a long time,” Greg Clarke, Ph.D., lead author and senior investigator at Kaiser Permanente Center for Health Research, told MHW. Most of the teenagers with depression are identified in a primary care setting, he said. “Short of referring them to a mental health professional, most of what they can offer are antidepressant medications, said Clarke.

Many of the teenagers do not want to take antidepressants, he noted. “If they do take antidepressants, they discontinue use within a few days,” said Clarke. For example, say 100 kids take antidepressants; about half will stop within the first couple of weeks and the remainder within a month, he said. In about two months, maybe one in four or one in five are still taking the medication, he noted. “The rate of follow-through is very low,” he added. This is the first study to examine teenagers who have turned down antidepressant medications, said Clarke.

For those who are referred to mental health professionals, very few go, Clarke said. There’s a lot of stigma and frustration facing young people, he said. They never know who they’re going to be seeing following a referral, he noted.

Meanwhile, Primary Care Physicians (PCPs) are seeing new kids every 15 to 20 minutes, he said. Training is an issue, and the demands on their time are challenges, he noted. Therapists who are working with the PCPs are there part-time and maybe full-time, depending on the demand, noted Clarke.

Bottom Line…

The initial year of CBT represented an important clinical benefit and may reduce the risk of future recurrent depression episodes, say researchers.

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Study method

From September 2006 to June 2010, researchers enrolled 212 adolescents aged 12 to 18 with major depression who had recently declined or quickly discontinued new antide-
In addition to measuring how they recover, researchers also took a look at health care services the teenagers received. The study found that participants in both groups used about the same amount of health care services, except that significantly more teenagers in the standard care group were hospitalized for psychiatric care. In the first year of follow-up, only one of the teens receiving CBT had been hospitalized for depression, compared to 10 percent of the teens in the standard care group, said Clarke. “That’s a pretty big difference,” he said.

When young people are hospitalized, it’s not necessarily for depression alone, noted Clark. Other reasons could include a suicide attempt or problems with drugs and alcohol, he said.

### Clinical implications

This study shows that brief, primary care CBT can be effective for depressed youth who decline or discontinue antidepressants, with benefits that endure for at least one year or longer, and possible reductions in high-intensity services (e.g., psychiatric hospitalizations), according to researchers.

“Health care clinicians should consider adding a mental health specialist in a pediatric or family practice clinic to deliver counseling for depressed teens right there in that location,” said Clarke. Doing so might help them follow through in higher numbers, he said. “They’re more likely to get better and follow through with getting therapy,” Clarke said.

If therapists are available all the time, pediatricians can introduce the teens to the therapist, he said. A face-to-face handoff would more likely be preferred by the teenagers, he noted.

Additionally, families, teenagers and health care providers should ensure that young people get treated early, said Clarke. “Keep treating the teens until they’re no longer having symptoms of depression for at least several months,” he said. Make sure they’ve returned to a normal mood or normal behavior, Clarke added. “That’s what we call recovery,” he said.

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**Illinois program moves forward with BH care amid budget woes**

A federally qualified health center [FHQC] in Illinois continues to move forward and even expand its services to provide more behavioral health and physical health care to its patients amid severe budgetary restraints across the state.

CNN Money reported in February that the state had gone seven months without a budget and that Illinois’ most vulnerable residents are feeling the most impact. The National Alliance on Mental Illness in a recent report made reference to the Illinois budget, noting a “staggering” decline in mental health services.

While Illinois’ ongoing budget crisis has forced many community-based providers to end or drastically cut back services, or turn away people in need of life-changing behavioral health services, the Access Community Health Network (ACCESS) is expanding its mental health and substance abuse disorder services, reaching almost 3,000 more patients per year, officials announced.

ACCESS is using community partnerships to make care available for its patients, say officials. The organization has 36 health centers throughout Chicago and the surrounding suburbs. Considered one of the largest networks of community health centers in the nation, ACCESS offers patient-centered, preventive and primary care services to more than 176,000 patients annually.

ACCESS has been awarded a two-year grant from United Way of Metropolitan Chicago, with support from the U.S. Department of Health and Human Services, to increase its services in low-income communities.
Continued from previous page

throughout Chicago and the suburbs, said officials. This expansion of services includes mental health, behavior change and substance abuse disorder counseling.

“This funding comes at a time when services are disappearing from communities throughout Illinois and brings new hope to people who are losing these critical services,” said Donna Thompson, CEO of ACCESS, in a statement.

“In this environment of cuts in Illinois to mental health and substance abuse treatment services, our safety net had gotten rather strained,” Suzanne Snyder, LCSW, director of behavioral health at ACCESS, told MHW. “We’ve been without a budget for about eight months. We want to make sure people are getting the help they need with mental health care. Our goal is to continue strengthening our integrated behavioral health approach.”

Celebrating long-term service

“Our FQHC is celebrating 25 years,” Snyder said. ACCESS has provided behavioral health services for more than 15 years, she said. “We have behavioral health consultants, who are licensed clinical social workers, located in 26 of our health centers that see patients throughout our entire health network.” Universal screening for depression and substance use is provided to all their patients, she said. Many come to view it as routine as getting their blood pressure checked, Snyder said.

The Illinois environment in which they operate is faced with a budget stalemate, she said, providing even more motivation to improve the organization’s public and private partners, she said. With every patient, we’re looking at what are the social determinants that are causing them difficulty in reaching optimum goals, she said. “Do they have transportation, housing?” said Snyder.

Snyder added, “We want to support our patients and provide linkages to those services.”

“Across all of our sites, all of our patients 12 and older are screened,” she said. “We’re using tools, such as the PHQ-9 [Patient Health Questionnaire-9], to guide our care and screening and treatment of patients.” Behavioral health consultants and psychiatrists are working together, Snyder noted.

Snyder said that as ACCESS adds more behavioral health consultants, they’re able to provide more services. The organization provides medication assisted treatment for people with an opioid addiction, she said. “This is something we’re continuing to develop with United Way,” she said. There are plans to reach out to the community and provide preventive measures to help people with this addiction, Snyder said. The number of sites where care will be provided will also increase, she added.

“Providing integrated care and being part of a safety net is really important,” said Snyder. “We need to see them as the whole person that they are.”

‘In this environment of cuts in Illinois to mental health and substance abuse treatment services, our safety net had gotten rather strained.’

Suzanne Snyder, LCSW

The University of Houston Clear Lake’s counseling program trains Spanish-speaking counselors to help the children address their crisis and trauma. “The kids are experiencing high levels of anxiety,” said Sawyer. “They’ve never openly discussed their traumatic experiences in their home country.” They also experience post-traumatic stress disorder, she said.

The services provided by Sawyer and staff are pro bono, she noted. “We come up with ways to help the children get counseling for the pain they’ve experienced,” Sawyer said. “They have a lot of difficulty sequentially telling a story. Trust factors are also an issue. They think

Storytelling from page 1

angle of Central America (Guatemala, El Salvador and Honduras) before making it to the Mexico border in Chiapas, said Sawyer. “Their experiences are horrendous,” Sawyer said. “They live in horrible situations in those countries where their choices include joining a gang. There’s no safe living for these children. The children have migrated across Mexico on tops of freight trains, either grasping the ladder on the back of a train or riding atop it.”

Sawyer added that the children’s lives in Central America are fraught with danger due to massive gang activity. The trains are controlled by vicious gang members who walk up and down the trains often robbing, raping and beating the young people for fun, said Sawyer. Some of the young people’s experiences include watching a family member get crushed and mutilated under the wheels of a train, along with dead bodies on the track.

“If they make it to the Mexico border of the U.S., they pay a transporter, referred to as a coyote, to help sneak them into the U.S.,” said Sawyer.

Counseling program

Sawyer and her colleagues have worked with more than 40 immigrant children who are in federal custody at the Child Care Center in Galveston, she said. The University of Houston Clear Lake’s counseling program trains Spanish-speaking counselors to help the children address their crisis and trauma. “The kids are experiencing high levels of anxiety,” said Sawyer. “They’ve never openly discussed their traumatic experiences in their home country.” They also experience post-traumatic stress disorder, she said.

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somebody’s going to hurt them. We have to develop trusting relationships with them.”

Although the young children find it difficult to express their emotions, many feel comfortable speaking Spanish, which is their first and only language, said Sawyer. “We train our graduate students to be able to listen” to the children, she said. The children talk about their experiences leaving their country and share with the counselors about what they want out of life, she said.

The story content can be easily converted into videos, CDs and PowerPoint presentations, to be shared on the Internet or uploaded for use on personal media players, such as an iPod, noted Sawyer.

The children can use crayons or photographs pulled from the Internet, added Sawyer. They can also work with music, said Sawyer. “We do the majority of our work on an iPad,” she said. “The kids really open up.” The personal information from the children is bound into book form, created in a personalized format by Walgreens, she said. All the information is confidential, said Sawyer. The books do have the names of each child; however, no one else has that information, she said.

The children may want to include photos of a family member in the bound book, said Alejandra Aguilar, a certified school counselor. One boy had his father’s death certificate, which was scanned and put into the book, Aguilar said. “Their memories are inside the hard copy book,” she said. “They’re contained and not free-floating visions that attack them in the middle of the night.” Aguilar recalled one child as young as five among the children.

When the children are presented with the bound books, it seems to offer them some closure, said Aguilar. “It’s an opportunity to tell someone their story,” she said. Many of them have kept these stories to themselves for a long time, she said. “They hope for a better future,” Aguilar said.

Sawyer said she learned more about narrative storytelling when she visited England. The use of an iPad is very attractive to kids, she said. The iPad has the ability to photograph, and you can add music and art, she said.

Training, grant assistance

The research project is funded by the Association for Creativity in Counseling, Sawyer said. They’ve received a $250 grant from the association, she noted. The university itself has underwritten a grant for $2,000 to pay for the books to be printed, she said. The International Counselors for Social Justice also contributed $600, Sawyer said.

Training for the graduate students participating in the project includes counseling theory, assessment, ethics, multicultural studies, crisis intervention and individual and group counseling, said Sawyer. This project requires an additional six college credit hours of training specifically tailored to this project.

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Cheryl B. Sawyer

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they are given their personal books, she said. Their research is also going to be submitted to a peer-reviewed journal, Sawyer said. In 2011, the Journal of Creativity in Mental Health published an article by Sawyer on the use of digital storytelling to influence the behavior of children and adolescents. •

STATE NEWS

Minnesota proposal to close child MH facility faces criticism

A proposal to close the Child and Adolescent Behavioral Health Services (CABS) facility in Willmar, Minnesota, is facing criticism from families who say the hospital saved their children’s lives, ABC News 5 reported April 7. State Representative Dave Baker (R-Willmar) said he is proposing a $7 million bonding bill that would help fund the construction of a new CABS facility and keep its doors open to the “most vulnerable among us, our children with severe mental illness.” The Minnesota chapter of the National Alliance on Mental Illness (NAMI) said it supports the proposal to close CABS. “Unfortunately, Willmar does not have the best psychiatrists available to handle these severe adolescent mental health issues, like other psychiatrists in the metro Twin Cities,” NAMI spokeswoman Sue Abderholden said. The Minnesota
Continued from previous page

DHS issued a statement that said: “The department’s lease for the Child and Adolescent Behavioral Health Services building in Willmar ends on June 30, 2017. We are hopeful the Legislature will provide the necessary resources to ensure that there are no gaps in coverage for these vulnerable children.”

**Louisiana nonprofit launches crisis intervention program**

The Crisis Intervention Center (CIC), formerly known as the Baton Rouge Crisis Intervention Center, a Louisiana-based nonprofit, launched its statewide Crisis Response Network in an effort to address current gaps in Louisiana’s health care system, Business Wire reported April 14. This business model is the first of its kind in Louisiana providing statewide telephonic crisis intervention, care management, and mobile response team activation and coordination via phone, text and chat, said officials. “The uniqueness of CIC’s statewide network dates back to the organization’s beginnings in 1970 as a community crisis center focused on assisting callers utilizing clinical best practices. Our clinically based model employs licensed mental health professionals supervising highly trained paraprofessionals as they provide 24/7 emotional support and de-escalation to individuals in distress,” said Margo Abadie, Ph.D., LCSW, BACS, clinical director at CIC. “This statewide model is a tremendous movement forward for the residents of Louisiana.”

**Coming up…**


The 169th annual meeting of the **American Psychiatric Association** will be held May 14–18 in Atlanta. For more information, visit [www.psychiatry.org](http://www.psychiatry.org).


**Mental Health America** will host its annual conference, “Media, Messaging and Mental Health,” June 8–10 in Alexandria, Va. For more information, visit [www.mentalhealthamerica.net/annualconference](http://www.mentalhealthamerica.net/annualconference).


**Names in the News**

Sound Mental Health, a private nonprofit based in Seattle, Washington, announced April 13 that **Patrick C. Evans** has been selected as the new CEO. Evans, who takes the helm on June 13, will replace **David Stone, M.D.**, who announced his retirement after 26 years of service as CEO. In his new position, Evans will create new and innovative programs, strengthen strategic partnerships, promote collaboration with major health systems and oversee the continued integration of behavioral health care.

**In case you haven’t heard…**

This country’s leading mental health professional organizations are expressing dismay over the spate of recent bills and laws that would allow for individuals and businesses to deny services and housing to LGBT (lesbian, gay, bisexual, transgender) people under the guise of religious freedom, according to a press release issued April 20 by the American Psychiatric Association, the National Association of Social Workers, the American Association for Psychoanalysis in Clinical Social Work and the American Psychoanalytic Association. Other states are proposing and enacting laws that would require transgender people to use public restrooms based on their sex assigned at birth. Also of serious concern is a bill recently passed by the Tennessee General Assembly that would allow mental health professionals to deny services to LGBT people based on a counselor’s religious beliefs (see *MHW*, April 18). “Our organizations have strong ongoing commitments to promote the health and well-being of LGBT adults and youth; to eliminate violence against LGBT people; and to support full equality in areas such as marriage, employment, housing, public accommodation, military service, licensing, parenting, adoptions and access to legal benefits,” organization leaders wrote.