

## Editorial

We are pleased to inform our readers that the winning article for the *Willard Manning Award in Mental Health Policy and Economics Research – 2023* was:

- Petra C. Gronholm, Martin Knapp, Nicola Brimblecombe, Barbara Maughan, Marcus Richards, Eva-Maria Bonin, Mauricio S. Hoffmann, Rajendra Kadel, Derek King, Ties Hoomans, Nick O’Shea, Sara Evans-Lacko. Health Service Costs in Adulthood Associated with Adolescent Mental Health Problems in Three British Cohorts. *J Ment Health Policy Econ* 2022; 25(2) :39-52.

In addition, two *Excellence in Mental Health Policy and Economics Research Awards* were presented for the following articles (alphabetical order):

- Bidisha Mandal. Mask Mandate’s Effect on Job Loss Expectation and Mental Health in the United States during the COVID-19 Pandemic. *J Ment Health Policy Econ* 2022; 25(1): 21-34.
- Parvati Singh. Psychiatric Emergencies Following the 2008 Economic Recession: An Ecological Examination of Population-Level Responses in Four US States. *J Ment Health Policy Econ* 2021; 24(1): 13-30.

We congratulate the authors of the award-winning articles, and we are grateful to the Associate Editors of the journal for their efforts in the selection process. The Awards were presented during the Opening Session of the Sixteenth Workshop on Costs and Assessment in Psychiatry Mental Health Outcomes, Services, Economics, Policy Research, Venice, March 24-26, 2023.

Detailed information on eligibility for the next Willard Manning Award in Mental Health Policy and Economics Research – 2025 is provided elsewhere in this issue and at [www.icmpe.org](http://www.icmpe.org).

The articles in this issue are based on a collaboration between *The Journal of Mental Health Policy and Economics* and the US NIMH/NIH, with a focus on new research presented at the 25th NIMH Conference on Mental Health Services Research (MHSR): “Transforming Challenges into New Opportunities,” August 2-3, 2022. The articles consider the application of machine learning methods to the prediction of the turnover of community mental health center employees (Fukui *et al.*), the integration of mental health services users in research (Jones *et al.*), and the impact of the implementation of the 988 Suicide & Crisis Lifeline (Purtle *et al.*).

Fukui *et al.* (p. 63) evaluate the turnover of community mental health services employees, a critical problem due to

rates of turnover ranging from 25% to 60% annually, and to data indicating that over 70% of the counties in the US report a severe shortage of mental health professionals. The authors report that turnover research generally relies on cross-sectional surveys with few variables and small convenience samples, mostly identifying factors correlated with turnover intentions (a proxy for actual turnover). Human resources (HR) departments typically collect extensive data on their employees, including demographics, the type and nature of the job, withdrawal behaviors (e.g. absence), and job performance, information that can help researchers understand employee turnover at the organizational level. Machine learning (ML), which can handle extensive heterogeneous data, involves a set of computational strategies or algorithms to recognize and discover data patterns systematically. ML algorithms, applied to human resources data, could identify organization-based, targeted variables when addressing turnover in a specific organizational context. The aim of the study is to: (i) apply ML methods to historical HR data for predicting an employee’s turnover probability within the ensuing 12 months; (ii) identify significant predictor variables; and (iii) evaluate the feasibility of ML applications to HR data at community mental health organizations. The study uses historical HR data from a community mental health center in an urban midwestern city, with approximately 300 employees providing services (e.g., case management, home-based and school-based services, supported employment, medication management, and outpatient individual therapy). The HR data date back to 2011 and contain 751 employees records, including those who had already left the job (leavers) and those who stayed (stayers) at the time of data extraction (January 2021). Both categorical (e.g., marital status, education level, exempt status, race, employee status/job type, and gender) and continuous (e.g., age, years employed, salary, hours worked, job training hours, client characteristics served by the employee) predictors were extracted. The study found a relatively high level of predictive accuracy for turnover, particularly with the random forest model, and several predictors of turnover using historical HR data (e.g., past work years, wage, work hours, age, job position, training hours, and marital status). According to the authors, the results confirm the feasibility of ML approaches for predicting individual employees’ turnover probabilities by using HR data already collected in a routine organizational management practice, and the potential use of these approaches to identify employees who are at a high risk for turnover. However, the authors emphasize that research

should examine how ML methods and outputs can be meaningfully utilized in routine management and leadership practice settings in mental health, and to develop organization-tailored intervention strategies to support and retain employees beyond the identification of high turnover risk individuals.

Jones *et al.* (p.77) examine the integration of service users -individuals with lived experience of mental health services and systems- into mental health clinical and services research. Mental health research, including outcomes measurement and funding prioritization, may not reflect the priorities of directly-impacted stakeholders, especially service users along with families or caregivers. Clinical and services research may need to properly consider, determine, and evaluate “what matters most” for users, including how users could maintain individual autonomy and other freedoms, and achieve meaningful work and independent living in the context of their treatment and recovery. The extensive heterogeneity in the lived experiences, views, and in “what matters most” to various service users coexist with demonstrated broad commonalities, including those that have internationally determined the human rights based, anti-coercion frameworks of major global bodies, including the United Nations (UN) Committee on the Rights of Persons with Disabilities and the World Health Organization (WHO) QualityRights initiative. The WHO recommends a worldwide significant increase in investment in research studies examining rights-based approaches, assessing comparative costs of service provision, and evaluating their recovery outcomes in the context of promoting person-centered and rights-based approaches in community mental health services <https://www.who.int/publications/i/item/guidance-and-technical-packages-on-community-mental-health-services>. The authors articulate a vision in which federally-funded epidemiological, clinical, and services research will structure a deep and sustained commitment to the investment in service user involvement and leadership.

Purtle *et al.* (p. 85) estimate the impact (per federal law) of the new three-digit dialing code (“988”) procedure for the “Suicide & Crisis Lifeline”, introduced on July 16, 2022. The new name and dialing code (in replacement of “1-800-283-

TALK” for “National Suicide Prevention Lifeline”) changed the lifeline from one that was narrowly focused on suicide to one targeting mental health crises more broadly. An estimated 44,834 people died by suicide in the United States in 2020, with the suicide rate increasing by 35% between 2000 and 2018. In 2020, an estimated 4.9% of U.S. adults had “serious thoughts of suicide” in the past year, 1.3 made a suicide plan, and 0.5% attempted suicide. Research found that the pre-988 Lifeline decreased suicidality, hopelessness, psychological distress, and suicide death. The expansion in scope and the Lifeline transition to 988 was estimated by SAMHSA to increase call volume by three million calls in the first year following implementation, and by eight million calls five years following implementation. However, the explicit intent of the federal 988 law -to increase Lifeline call volume- was not combined with the provision of federal funding to cover the costs of increased call demand (SAMHSA only funds the infrastructure supporting the Lifeline), and the responsibility for funding over 200 local 988 Lifeline centers largely falls to state and local governments. The study estimates the initial impact of 988 implementation on 988 Lifeline call volume across states and produces annual estimates of the costs of meeting increased 988 Lifeline call volume demand within each state. The study also characterizes state financing legislation and/or earmarked budget appropriations aimed at increasing funding for 988 Lifeline centers in FY 2023 in response to 988 implementation and quantified increased spending for 988 Lifeline centers for FY 2023 across states. The authors report that Lifeline’s transition to 988 increased 988 Lifeline call volume in all states, but the magnitude of the increase and associated cost was highly variable. State funding earmarked for increases in 988 Lifeline center costs was sufficient in about half of states. The authors conclude that sustained federal funding, and/or increases in state funding, earmarked for 988 Lifeline centers is important to ensure that 988 Lifeline centers have the capacity to meet call demand in the post-988 implementation environment.