RIVERSIDE TOWNSHIP
Mental Health Board
Consultant's Report
(May 21, 2025)

1. Dr. Troiani attended the Monday - May 12th Illinois Mental Health Summit meeting and on that same day the Policy Committee meeting of Mental Health America of Illinois. He also attended the CESSA (Community Emergency Services and Support Act) meeting on Wednesday - May 14th.

2. Attachment "A" includes the agenda from the Monday May 12th meeting of the Illinois Mental Health Summit. Also included is a list with the status of the legislative bills that are being tracked by the Illinois Mental Health Summit as of May 12, 2025.

3. Federal funding for the dial #988 system is unreliable and phasing down. The federal ARPA (American Recovery Program Act) funding which was $28 million in appropriated funding for the state was cancelled on March 25th. The result is that the state cannot sustain the crisis response system. According to a study (Chartis Report) commissioned by the Illinois Department of Human Services (IDHS) the system needs $78 million dollars annually to sustain a functional crisis response system.

4. There is proposed legislation (SB2120) which is insufficient (based on the Chartis Report to fund the system through new taxes. But it has a shortfall which is $18 to $28 million dollars. The problem is that the Illinois cell phone tax is currently 23.1%, which is the highest cell phone tax in the nation.

5. Attachment "B" is a prepared fact sheet titled Sustainable Funding Needed for BH Crisis Response & Alternative to 911. Also detailed in the fact sheet is discussion on the possible $3 billion dollar cut per year in the federal contribution to Illinois Medicaid. Since the switch from grant-based services to fee-for-services this will result in a significant shortfall in Medicaid funding for providers.

6. Attached are the links to the podcast and blog article regarding the topic of the "behavioral health workforce shortage" produced by Mental Health America of Illinois. Dr. Troiani was interviewed and discussed contributing factors to the current shortage and proposed solutions.

   - This is the podcast: https://www.mhai.org/podcast/episode/35593b45/reversing-the-mental-health-worker-shortage
   - The blog article: https://www.mhai.org/post/have-you-ever-considered-becoming-a-mental-healthcare-worker

7. Attachment "C" is the summary letter from the Chairman of the Select Subcommittee on the Coronavirus Pandemic. The full report is titled After Action Review of the COVID-19 Pandemic: The Lessons Learned and the Path Forward. This 556-page report is the Final Report of the Coronavirus Pandemic Committee on Oversight and Accountability, U.S. House of Representatives. It is noted here that "during a time of intense partisanship, the Select Subcommittee had bipartisan consensus across multiple topics". Two of the key findings we are concerned with stated in the report are:
   - Pandemic-era school closures will have enduring impact on generations of America's children, and these closures were enabled by groups meant to serve those children.
   - The prescription cannot be worse than the disease, such as strict and overall broad lockdowns that led to predictable and avoidable consequences.
8. Attachment "D" is a fact sheet on HB 1085 "Improve Network Adequacy & Access for Behavioral Health" which was distributed yesterday by the Illinois Psychological Association (IPA). The following is the message from the IPA office. Thank you all for all your advocacy on HB1085, which would significantly improve behavioral health network adequacy and access to care. We are working in overdrive to get this across the finish line by May 31st. Negotiations continue as we work through some details that do not alter the substance of the bill. I continue to be hopeful we can still get this done by the end of this legislative session. The bill will remain in the Senate "Assignments" committee until another amendment is filed. Please continue to let your State Senator know how important this bill is to the sector! They need to keep hearing from us.
9. Attachment "E" is an article from the Wall Street Journal by Jennifer Calfas titled Suicide Reverberates Among Young Doctors. It discusses the fact that the medical profession has one of the highest rates of burnout and suicide, compared to other professions.

Respectfully Submitted,

Joseph E. Troiani

Joseph E. Troiani, Ph.D., CADC
RTMHBIL@gmail.com.

Mental Health Summit

May 12, 2025--10 am to Noon
Hybrid meeting
In person at: 400 North Aberdeen Street-Chicago

Agenda

1. Legislative update (attachment)
   a. 988 and CESSA
   b. HB1085–network adequacy

2. Criminal justice
   a. Persons with mental illnesses in state prisons — Equip for Equality

3. Federal Medicaid update

4. Children's mental health

5. Announcements from members

6. Other business

For in-person attendees, lunch will follow the meeting.

The next Summit meeting will be on Monday, June 9th

Legislation for 2025

Mental Health Summit and Mental Health America of Illinois Tracking

May 12, 2025

Bill	Description	Sponsor	Status
	House Bills		
HB57	Amends the Essential Support Person Act to include CILAs Floor am. #1	Schmidt (+2[1]) Harriss	MH[2] Passed 22-0 Passed 21-0 Passed House 113-0 HHS[3] Passed 8-0 3rd rdg
HB1081	Requires DHFS to apply for an amendment to the home and community based Medicaid waiver to cover therapeutic recreation programs (Am #1 adopted) **Deadline extended to 5/23/25**	Gill (+20) Capel	Hum. Ser.[4] Passed 12-0 Passed House 107-0 App–HHS[5]
HB1085	Strengthens mental health parity provisions of of the Insurance Code (reintroduction of HB4475 from 2024) am #1 adopts	LaPointe (+55) Villa (+19)	MH Passed 17-5 Passed House 72-33 Assignments
HB1365	Creates temporary licenses for mental health professionals to reduce workforces shortages	Morgan (+16) Morrison	Health Lic.[6] Passed 12-0 Passed House 115-0 Lic. Act. Passed 5-2 3rd rdg

[1] Number of co-sponsors

[2] Mental Health and Addiction Committee

[3] Health and Human Services Committee

[4] Human Services Committee

[5] Appropriations–Health and Human Services Committee

[6] Health Care Licenses Committee

HB1712	Requires DPH to train healthcare providers about how to use POLST forms–Am #1 adopted	Grasse (+11) Pub.H[7] Passed 6-3 Passed House 76-40 Morrison (+2) Judiciary Passed 7-0 3rd rdg
HB1843	Amends zoning law to prevent local zoning from exluding CILAs (Am #1 adopted) **Deadline extended to 5/23/25**	Ness (+14) Housing Passed 11-5 Passed House 77-35 Ellman Executive
HB1872	Requires youth in the custody of DCFS to have a mental health provider and periodic assessments	Kifowit (+10) Adopt Passed 9-3 Passed House 75-35 Feigenholtz App-HHS
HB2387	Various amendments to outpatient commitment law (Re-introduction of HB5351 from 2023) Am #1 adopted–Senate am 1 pending Deadline extended to 5/23/25	Katz Muhl (+9) Jud-Civ Passed 20-0 Passed House 103-0 Fine Judiciary
HB2545	Allows appeals of denials of supportive housing	Guzzardi (+7) Housing Passed 11-6 Passed House 69-42 Johnson (+1) Judiciary **5/14–4pm** Capitol 400
HB2562	Requires additional training for guardians to include training about estates, dementia and Alzheimers (Am #1 tabled) Am #2 adds other provisions about the duties of a guardian	Costa Howard (+2) Jud-Civ Passed 19-0 3rd rdg Passed 20-0 Passed House 114-0 Fine Judiciary Passed 9-0 2nd rdg
HB2994	Restores confidentiality of juvenile mental health	Mussman (+1) Jud-Civ

[7] Public Health Committee

	records (narrows scope of Public Act 103-0474) Am #1 adopted– Am #2 adopted Sen Am #1 adopted		Passed 19-0 Passed House 111-0 Koehler(+1) Education Passed 15-0 3rd rdg
HB3078	Adds physician assistants to the definition of "qualified examiner" in the MHDDCode (among numerous other changes) (Am#1 aodpted--adds autism provisions)	Lily	Hum.Ser. Pased 8-3 Passed House 76-39 Assignments Approved for Consideration 2nd rdg
HB3385	Strengthens the Early Action on Campus Act by mandating staffing levels Floor Am #1 adopted	Hernandez (+18) Villa (+1)	Higher Ed.[8] Passed 11-0 Passed House 111-0 Higher.Ed **3/14–9am** Capitol 400
HB3487	Requires DFPR to collect demographic data about behavioral health professionals	Syed (+10) Ventura (+1)	MH Passed 15-7 Passed House 75-37 Lic. Act. Passed 7-1 2nd rdg
HB3572	Allows diversion of persons charged with a misdemeanor and who may be unfit to stand trial House Am # 1 adopted; Sen Am #2 adopted	Hirschaueer (+11) Villa	Jud-Crim Passd 10-5 Passed House 111-0 Crim. Law Passed 9-0 3rd rdg
HB3718	Enhances powers of DHS to investigate and discipline care staff in mental health and disabilities facilities (Am # 2 adopted)	Morris (+13) Fine (+1)	Hum.Ser Passed 12-0 Passed House 112-0 HHS Passed 9-0 3rd rdg

[8] Higher Education Committee

Sustainable Funding Needed for BH Crisis Response & Alternatives to 911

The Problem: Illinois can't Expand and Sustain Crisis Response Systems

Despite the rollout of the 988 Suicide and Crisis Lifeline in 2022, enabled by substantial federal funding, a law enforcement response to behavioral health (BH) crises remains the norm in many communities. Illinois must speed up the development of a crisis response system in Illinois: a place to call, someone to come, and a place to go.

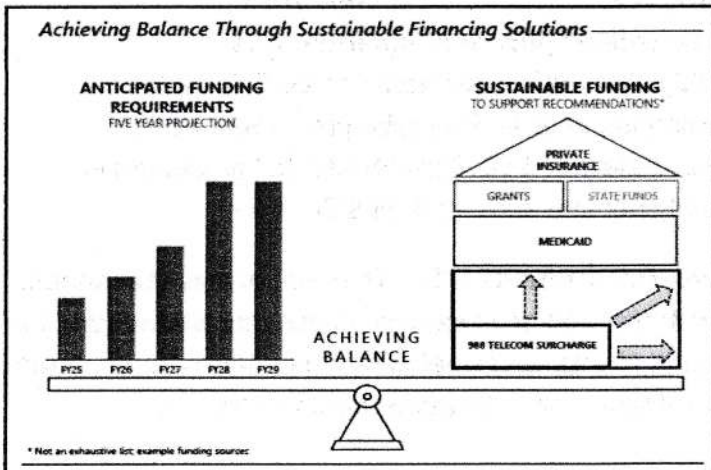
Federal support is unreliable and phasing down. Illinois needs to establish a sustainable funding source to build its BH crisis response system. A telecom surcharge that raises $78M is needed based on a study commissioned by IDHS.

- Before the 988 launch, **Illinois ranked last** among states in the number of crisis calls answered in-state (21% in 2021) **due to the historical lack of investment** in crisis response.
- **Federal funding enabled Illinois to make solid first steps** to develop a crisis continuum as an alternative to a law enforcement response. Federal funding is unreliable (Crisis ARPA funds were just cut and some federal funding is phasing out).
- **Crisis response programs are in their infancy** today and nowhere near scale.
- Behavioral health crises are still predominantly directed to 911, EMS and law enforcement.
- The Community Emergency Services and Support Act (CESSA) requires coordination of 911, 988, and mobile crisis, but the **"systems" are not fully developed and require sustainable funding.**

The Need & Solution

- **The Funding Need: A telecom surcharge that raises $78M.** A 2024 study commissioned by DHS (Chartis Report), determined Illinois needs **$78M per year from a 988 telecom surcharge**, a mechanism used by several states for crisis funding. SB2120 asks for a 1.65% surcharge, raising ~$40-50M per year. **SB2120 is insufficient based on the Chartis Report:** $18-28M short.

The Uncertainty of Federal Funding



Source: Chartis Cost Analysis Compendium, 2024

- On March 24, 2025, the **federal government** unilaterally **cancelled $28M** in appropriated funds, which was allocated to fund mobile crisis response in the state via ARPA.
- Proposed cuts to Medicaid could cost Illinois $3B per year and lead to higher uninsured rates, per Kaiser
- ***A telecom surcharge that raises $78M annually will be a critical step in sustainable funding.***

Why an Adequate Telecom Surcharge is Critical to Supporting a BH Crisis Response System

- **3 Pillars are Required** for an effective BH Crisis Response System: (1) someone to call, (2) someone to respond, and (3) a place to go.
- Crisis services must be available to anyone, anywhere, at any time, regardless of age, zipcode or funding source
- **Progress is Being Made:** Illinois' 988 call centers answered more than 125K calls in 2024. Answer rates are between 80-90%, but Illinois has a long way to go to build the three pillars of a crisis system.
- **Suicide Rates Continue to Rise:** IDPH reports an Illinoisan dies every five hours and 41 minutes. From 2021-2022 the Illinois suicide rate rose 7%.

Law Enforcement & Emergency Rooms Remains the Default

- Illinois law enforcement continues to respond to tens of thousands of BH crisis calls per year.
- Jail populations are overrepresented by people with behavioral health conditions.
- The Chicago CARES team, an alternative to the police for behavioral health crisis, is limited to 4 hours a day in only some police districts due to funding constraints.
- Multiple options for "places to go" in lieu of jails or hospitals are critical to building an effective behavioral health crisis response system.
    - Illinois providers operate 24 Living Rooms throughout the state, an effective alternative to ERs.
    - Crisis Residential Units and Certified Community Behavioral Health Clinics, are just beginning to take shape but will need additional and sustainable funding to match the need.

The Solution: *988 Surcharge of 2.5%, Raising $78M for a Sustainable Crisis Response System Based on the Chartis Report Recommendations*

- **Use the DHS-Commissioned Chartis Report Recommendation for the Telecom Surcharge.** Increase the proposed rate in SB2120 from 1.65% to 2.5% and increase the proportion of the overall telecommunications fee allocated to the Statewide 988 Trust Fund to 21.2%. **This will raise an estimated $18-28M more than the proposal in SB2101, ($78M in total) creating sustainable funding to meet the need as outlined by in the Chartis Report recommendations**
    - As introduced, the total fee of 8.65% (currently 7%) will be split between GRF (57.7% of proceeds), Common School Fund ($1M per month, plus 11.6% of the proceeds), School Infrastructure Fund (11.6% of proceeds), and Statewide 988 Trust Fund (19.1% of proceeds).
    - The increase to 2.6% would result in a monthly per line surcharge of $.60-.65
- **Creates Similar Telecom Fee Structure for 988 as Was Done for 911.** This proposal is reasonable when considering Illinois' longstanding 911 fee, which is $1.50 statewide except in Chicago, where it is $5 per line per month.The 911 telecom fee is similar in structure to what is proposed and it is important to treat behavioral health crisis response equitably with traditional 911 emergency response.
- **The time is NOW.** ARPA funds are expiring and some rescinded. The surcharge creates sustainability to build out our crisis response system while also providing protection from federal cuts.

December 4, 2024

SELECT SUBCOMMITTEE ON THE

CORONAVIRUS PANDEMIC

CHAIRMAN BRAD WENSTRUP

AFTER ACTION REVIEW OF THE COVID-19 PANDEMIC:
The Lessons Learned and a Path Forward

Final Report of the

Select Subcommittee on the Coronavirus Pandemic
Committee on Oversight and Accountability

U.S. House of Representatives

BRAD R. WENSTRUP, D.P.M.
CHAIRMAN

ONE HUNDRED EIGHTEENTH CONGRESS

RAUL RUIZ, M.D.
RANKING MEMBER

Congress of the United States

House of Representatives

SELECT SUBCOMMITTEE ON THE CORONAVIRUS PANDEMIC

2157 RAYBURN HOUSE OFFICE BUILDING

WASHINGTON, DC 20515–6143

Majority (202) 225–5074
Minority (202) 225–5051

Dear Colleague:

It has been my distinct pleasure to lead the Select Subcommittee on the Coronavirus Pandemic for the 118th Congress. I was honored to be entrusted with a great responsibility: to investigate a once in 100-year pandemic and to prepare America for next time—and there will be a next time. This is a responsibility I took very seriously, and I believe that seriousness and teamwork has translated to much success.

Five years ago, on December 1, 2019, was what would eventually be the first confirmed case of COVID-19. After that, a pandemic devastated the world at nearly never before seen proportions, leaving millions dead and millions more concerned about long-term consequences.

COVID-19 was novel. The brightest scientists and medical experts were learning on the job to determine how to treat both the underlying disease and the second order side effects.

Since February 2023, the Select Subcommittee sought to produce a full after-action report to provide a road map of how we, in Congress, the Executive, and the private sector may better prepare for and respond to future pandemics. Throughout this process, the Select Subcommittee sent more than 100 investigative letters, conducted 38 transcribed interviews or depositions, held 25 hearings or meetings, and reviewed more than one million pages of documents from dozens of custodians. This work looks back on many events, comments, guidances, and other actions, to look forward. This is the single most thorough review of the pandemic conducted to date.

Most of you know me. You know I strive to work collegially, with our fellow Americans, to provide results for all of us. That is the same mentality I brought to my work as Chairman of the Select Subcommittee. During a time of intense partisanship, the Select Subcommittee had bipartisan consensus across multiple topics.

1) The possibility that COVID-19 emerged because of a laboratory or research related accident is not a conspiracy theory.

2) EcoHealth Alliance, Inc. and Dr. Peter Daszak should never again receive U.S. taxpayer dollars.

3) Scientific messaging must be clear and concise, backed by evidentiary support, and come from trusted messengers, such as front-line doctors treating patients.

4) Public health officials must work to regain American's trust; Americans want to be educated, not indoctrinated.

5) Former New York Governor Andrew Cuomo participated in medical malpractice and publicly covered up the total number of nursing home fatalities in New York.

In addition to these notable bipartisan successes, the Select Subcommittee developed extensive findings, some of which include:

1) The U.S. National Institutes of Health funded gain-of-function research at the Wuhan Institute of Virology.

2) The Chinese government, agencies within the U.S. Government, and some members of the international scientific community sought to cover-up facts concerning the origins of the pandemic.

3) Operation Warp Speed was a tremendous success and a model to build upon in the future. The vaccines, which are now probably better characterized as therapeutics, undoubtedly saved millions of lives by diminishing likelihood of severe disease and death.

4) Rampant fraud, waste, and abuse plagued the COVID-19 pandemic response.

5) Pandemic-era school closures will have enduring impact on generations of America's children and these closures were enabled by groups meant to serve those children.

6) The Constitution cannot be suspended in times of crisis and restrictions on freedoms sow distrust in public health.

7) The prescription cannot be worse than the disease, such as strict and overly broad lockdowns that led to predictable anguish and avoidable consequences.

Chairing the Select Subcommittee for the 118th Congress has been my honor. I said from the beginning, this work is the single most impactful responsibility I have undertaken in 12 years in Congress, and it has been. This work will help the United States, and the world, **predict** the next pandemic, **prepare** for the next pandemic, **protect** ourselves from the next pandemic, and hopefully **prevent** the next pandemic. Members of the 119th Congress should continue and build off this work, there is more information to find and honest actions to be taken.

The COVID-19 pandemic highlighted a distrust in leadership. Trust is earned. Accountability, transparency, honesty, and integrity will regain this trust. A future pandemic requires a whole of America response managed by those without personal benefit or bias. We can always do better, and for the sake of future generations of Americans, we must. It can be done!

Sincerely,

Brad R. Wenstrup

Brad Wenstrup, D.P.M.
Chairman

HEALTHY MINDS | HEALTHY LIVES
COALITION

Support HB1085, HCA1: Bipartisan. Passed House 72-33

Rep. LaPointe – West – Morgan, Avelar, Hirschauer, Mussman, Costa Howard, Moeller, Mah, Olickal, Jimenez, Hoffman, Cassidy, Davis, Kifowit, Stuart, Morris, N. Hernandez, Chung, Kelly, Faver Dias, Gill, Guzzardi, Grasse, Stava-Murray, Yang Rohr, Crawford, Gabel, Syed, B. Hernandez, Deuter, Rashid, Canty, Huynh, Spain, Benton, A. Williams, Ford, Stevens, La Ha, Cabello, Schmidt, Guerrero-Cuellar, Hanson, Harper, Johnson, Ness, DeLuca, Ryan, Walsh, Welch, Rita, Vella, Andrade, Ammons, Mason, Katz Muhl, Gordon-Booth, Scherer.

Sen. Villa – Koehler – Fine – Cunningham – Guzman, Castro, Collins, Faraci, Porfirio, Glowiak Hilton, Peters, Martwick, Simmons, Joyce, Edly-Allen, Ventura, Walker, Elman, Belt.

Improve Network Adequacy & Access for Behavioral Health

⇒ **INADEQUATE Insurance Networks for Mental Health.**
Significant numbers of mental health and substance use clinicians leave commercial insurance networks due to inadequate reimbursement and unnecessary hurdles to care.

⇒ **LIMITED or MEANINGLESS Patient Coverage.**
Patients are forced to go out-of-network and pay out of pocket for behavioral health 18% of the time compared to 2% for other healthcare. (Milliman). Insurers have increased reimbursement for other providers in short supply (*e.g.*, primary care), but have not for behavioral health.

⇒ ***Mental Health CRISIS*. Same Insurance Practices.**
- ***40% of youth*** show depressive symptoms of **hopelessness or suicidal ideation.**
- ***Black children*** under 13 die by suicide at twice the rate of white children.
- ***Adult depression*** soared four-fold since 2019.

⇒ **INADEQUATE reimbursement DRIVES Inadequate Networks.**
Studies show insurance companies reimburse behavioral health services **23-52% LESS THAN other healthcare.** (RTI Report). The workforce is there: out-of-network providers.

⇒ **REDUCED Insurance Costs will Result with Increased BH Spending.**
Studies show increased insurance spending on behavioral health (BH) will **lower healthcare costs between 5-10%** because people with BH conditions have other high healthcare needs. (Milliman).

Support HB1085, HCA1
Improve Access to Mental Healthcare

1. ***Equal Payment with Other Healthcare to Increase Network Participation.***
   Sets a minimum reimbursement for in-network MH/SU care based on recent studies to bring behavioral health in line with other healthcare. (141% of what Medicare pays for the same services).

2. ***Utilizes the Full Behavioral Health Workforce.***
   Allows MH/SU providers working toward licensure to practice under the supervision of another fully licensed provider, consistent with many major insurer practices.

3. ***Requires Coverage of MH/SU Services Received on the Same Day.***

4. ***Requires Coverage of 60-Minute Therapy.***
   Prohibits the use of excessive documentation or audits that drive therapists to use shorter 45-minute sessions.

5. ***Requires Timely 60-Day Network Contracting Process for MHSU Providers.***

For more information, contact Heather O'Donnell, Senior Vice President, Public Policy, Thresholds, hodonnell@thresholds.org or 773.710.7779.

Supporting Organizations

HB1085, HCA1 Rep. LaPointe; Sen. Villa
Improve Network Adequacy & Access for Behavioral Health

THRESHOLDS
HOME | HEALTH | HOPE

NAMI Illinois

NAMI CHICAGO

CBHA
Community Behavioral Healthcare Association

rosecrance

SHPA

DELVE PSYCHOTHERAPY OF CHICAGO

PsiAN
Psychotherapy Action Network

Jewish United Fund
TOGETHER for GOOD

icoy
Illinois Collaboration on Youth

Illinois Association for Behavioral Health

START EARLY
Champions for Early Learning

JCFS CHICAGO

ACCESS LIVING

NAMI Kane-south, DeKalb and Kendall Counties

NAMI DuPage

Brightpoint
Strong Families · Thriving Children

Illinois Psychological Association

NAMI Northern Illinois

ilcf
COMMUNITY · ADVOCACY · POLICY

metropolitan family services
families mpowered

ILLINOIS ACADEMY of FAMILY PHYSICIANS

ILLINOIS PSYCHIATRIC SOCIETY

NAMI South Suburbs of Chicago

ILLINOIS ASSOCIATION FOR Infant Mental Health

LEGAL COUNCIL FOR HEALTH JUSTICE

Other Supporting Organizations: AIDS Foundation of Chicago. Association for Individual Development. Chicagoland Leadership Council. Community Mental Health Board of Oak Park Township. Depression and Bipolar Support Alliance. Family Support Services. Heritage Behavioral Health Center. Live4Lali. Illinois Harm Reduction and Recovery Coalition. Mental Health American Illinois. NAMI McHenry. NAMI South Suburbs of Chicago. NASW Illinois. NAMI Kane County North. NAMI Will Grundy. Mental Health America Illinois. NAMI Lake County. NAMI Southwestern Illinois. Josselyn Center. NAMI Peoria. NAMI Schaumburg Area. NAMI Sauk Area. NAMI Champaign County. TASC. NAMI Northwest Suburbs. NAMI Cook County North Suburban. Safe Illinois. Gateway Foundation, Illinois Academy of Family Physicians, The Kennedy Forum, Catholic Conference of Illinois.

For more information, contact Heather O'Donnell, Senior Vice President, Public Policy, Thresholds, hodonnell@thresholds.org or 773.710.7779.

https://www.wsj.com/health/medical-residents-working-conditions-young-doctor-suicide-3dc61495

Suicide Reverberates Among Young Doctors

Dr. Nakita Mortimer had advocated for better working conditions for medical residents

By Jennifer Calfas Follow

April 26, 2025 12:00 pm ET

Dr. Nakita Mortimer was always a leader. The first of four children to move to the U.S. from Haiti for college in 2012, she was a guiding light for each sibling as they followed her.

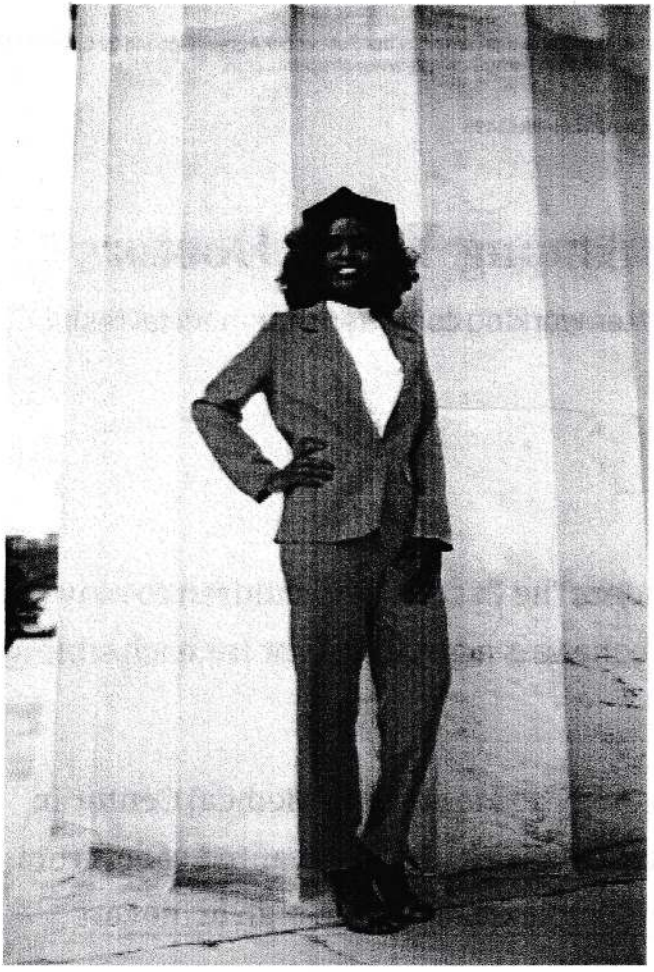
In her medical residency in anesthesiology at Montefiore Medical Center in the Bronx, she helped organize a union for residents. She wanted relief from the punishing hours and pressure that challenge even the high achievers who become young doctors.

"The fact that the medical profession has one of the highest rates of burnout and suicide, compared to other professions, speaks to the urgent need for change," Mortimer told The City, a local news site, in November 2022.

Months later, she died by suicide. Her death was a reckoning for her peers as many young doctors are pushing for more mental-health support and improvements to their working conditions.

"The fact that I never thought that it could be her means that it can be any of us," said Dr. Jhori Hodges, a medical-school classmate. "Nakita has always had a fire."

The end of a young life with so much promise amplifies suicide's universal tragedy. Any individual suicide's cause is, finally, unknowable. But a number of suicides among medical residents have fueled calls for hospitals and regulators to better support young doctors who say their well-being is at risk.



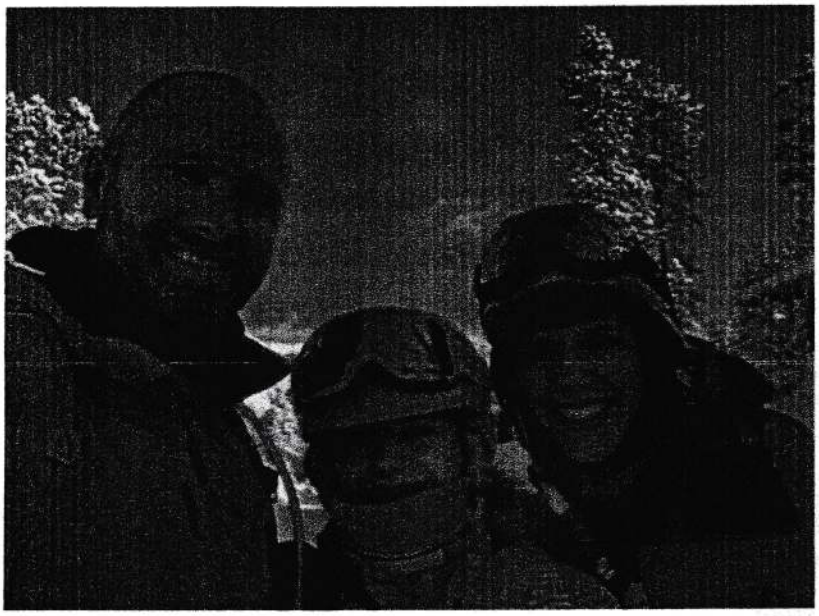
Nakita Mortimer in a graduation photo shoot in 2022. PHOTO: LEMARK PHOTOGRAPHY

Nearly a quarter of residents have considered self-harm, and a fifth know a peer or colleague who has considered suicide in the past year, according to a 2024 survey by the Physicians Foundation, an advocacy group.

Current and former residents said they hesitated to ask for help or use mental-health resources for fear superiors would consider them unfit for the high-stress profession. Some said they had suicidal thoughts for the first time during residency.

The Dr. Lorna Breen Heroes' Foundation, named after a New York emergency room director who died by suicide in 2020, has helped push 34 state medical boards and more than 500 hospitals to remove questions about mental-health history from doctor licensing and credentialing applications.

"There's a minefield of institutionalized stigma," said Corey Feist, Breen's brother-in-law and co-founder of the foundation.



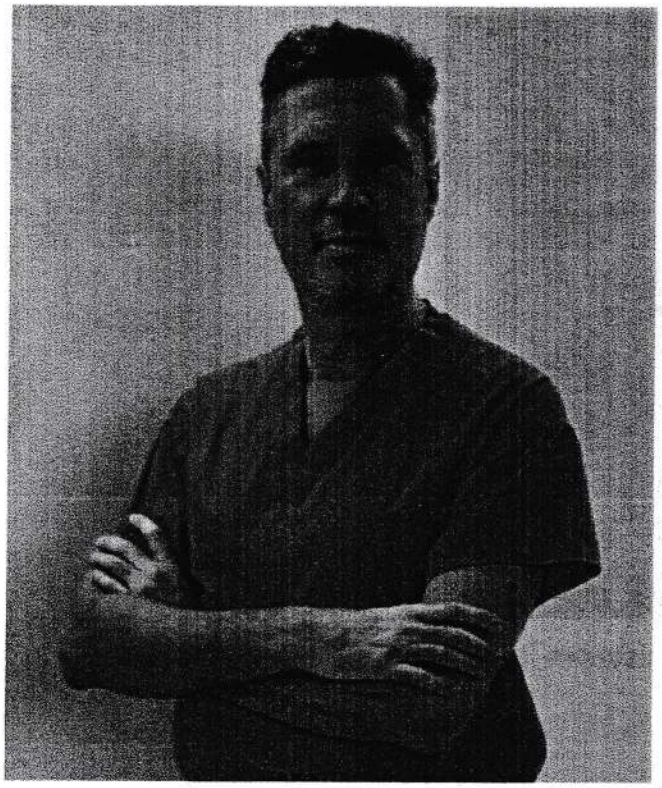
Corey Feist, his daughter Charlotte, and his sister-in-law Dr. Lorna Breen. PHOTO: DR. LORNA BREEN HEROES' FOUNDATION

Older doctors and hospital administrators consider residency's trials a vocational rite of passage. After medical school, doctors are expected to work 80-hour weeks and shifts of up to 28 hours for several years to earn board certification.

The relentless schedule can drive depression, burnout and suicidal risk, said Dr. Srijan Sen at the University of Michigan. His research documented a fivefold increase in rates of depression during the first year of residency compared with the end of medical school.

Other professions including banking and law demand relentless commitment of young people lured by big salaries. In those fields, relatively high pay starts right away. First-year residents made an average of $67,000 in 2024 while carrying an average of $200,000 in debt.

Families of residents who have died or attempted suicide say the system puts too much strain on young doctors. "It's incumbent upon us to completely change the way we look at mental illness in our profession," said Dr. Richard Boulay, a gynecologic-oncologist whose daughter attempted suicide during general-surgery residency in 2021.



Dr. Richard Boulay PHOTO: DR. RICHARD BOULAY

The Accreditation Council for Graduate Medical Education requires programs to provide residents with confidential mental-health services, encourage them to report concerns and allow time off for illness, family emergencies, medical appointments and parental leave.

ACGME is assessing how to ensure residents can report poor working conditions without fear of retribution, said Chief Accreditation Officer Dr. Mary Klingensmith. "We do not want it to be that residents feel hindered in any way from speaking their truth," Klingensmith said.

Nakita Mortimer's death shook her fellow residents at Montefiore.

"We could all kind of see ourselves in her," said Dr. Jessica Mitter, a first-year resident when Mortimer died. The program's union, which Mortimer helped organize, in March approved its first contract including an 18% salary increase.

Montefiore offers mental-health support including check-ins with first-year residents. "It was clear she was an exceptional leader and compassionate physician dedicated to making positive change for all," Montefiore's anesthesiology department wrote on X after her death.

In medical school, Mortimer belonged to a group called White Coats for Black Lives. Her classmates admired her willingness to raise concerns with superiors and her reliability as a friend. Scattered around the country as residents, Mortimer and her classmates stayed in touch in group chats and convened in one of their new homes when they could.

Dr. Rehema Thomas, a friend from medical school completing residency at MD Anderson Cancer Center in Houston, spent time with Mortimer in New York when Thomas interned there in 2022-23.

Mortimer and Thomas coordinated their schedules to make slivers of time to go dancing to Afrobeats and Caribbean music.

"She was just very lighthearted, but also had a lot of depth to her," Thomas said.

Nakita Mortimer, right, and her siblings at a picnic in Prospect Park in 2021. PHOTO: DYLAN JUSINO

Mortimer's sister, Sarahdjane Mortimer, said the family heard from her less often after she started residency. She missed weekly calls with her siblings, and followed up after rotations or catching some intermittent sleep.

In May 2023, she missed a flight to Sarahdjane's graduation from Harvard's School of Design. The family asked Montefiore staff to check her apartment in resident housing, where Sarahdjane said they found Nakita asleep.

"You're tired from your rotation," her parents told her on a video call. "We understand if you can't make it."

Nakita texted her sister congratulations on her graduation.

"Within about 24 hours, we lost her," Sarahdjane said.

Help is available: Reach the 988 Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline) by dialing or texting 988.

Write to Jennifer Calfas at jennifer.calfas@wsj.com

Appeared in the April 28, 2025, print edition as 'Strain Took Tragic Toll on Young Doctor'.

Videos

Riverside Township Mental Health Board - Community Engagement Committee

Meeting on May 20, 2025 in Town Hall

Meeting started at 6:35 p.m. Members present: Joseph Trioani, Joseph DeRosier, Christine Carr, Tim Heilenbach, Melinda Lehman, and Adam Wilt.

The committee discussed the outline of ideas from the last meeting.

Review and planning of list from last meeting

- Goal #1 - Create a powerpoint about the RTMHB and train people to present to community organizations. This deck would be modified based on our audience and when changes are made
    - Approved in April 2025 - Share initial slide deck (pending grammatical corrections) for board use.

- Goal #2 - Create collateral (i.e. one-pager/pamphlet/brochure)
    - RTMHB needs logo that does not include our building since our work extends throughout the community
        - **Logo** - Approved proposed logo for adoption and submit to the Riverside Township Board on 4/16/2025

Riverside Township
MENTAL HEALTH BOARD

        - **QR Codes** - Tim - Inquire if Andrew could take the lead (Township Deputy Clerk)
            - No update on this item. Can we see if Andrew knows where to track traffic to our webpage.

- Goal #3 - Create **CRC** Social Media Accounts (Facebook and Instagram pages, maybe YouTube)
    - Step 1 - Begin with creating a board social media policy - **REVIEW DRAFT**
    - Step 2 - Identify someone to lead/maintain/monitor these pages (administrator)
        - **Inquire with CRC staff about - Join next committee meeting**
    - Step 3 - Connect with other existing pages
    - Notes about content for social media
        - Amplify posts of partners
        - Consultant and Board members sharing?

- Goal #4 - Leverage local Television opportunities
    - Create PSAs & Programming
    - **ACTION ITEM - Tim to follow up again with:**
        - Riverside TV
        - RBTV (matches the footprint of the township)

- Future Items for Planning (Later Steps)
    - Reach out to community groups to schedule presentations

        - Begin compiling list of potential groups to create - **ADD to this list:** https://docs.google.com/spreadsheets/d/1PJbyGs08KY6JjqFndzMWDa7uJFsvNkH5/edit?usp=sharing&ouid=113721888105375522148&rtpof=true&sd=true

        - **Zoom Account** - Tim to look into Township Account

    - Promote in local publications
    - Engage awareness during specific months (i.e. Mental Health Awareness Month - May; Recovery Month in September)
    - After social media established, begin boosting
    - Giveaways with CRC info - Ideas: stress balls, ice packs, pens
    - Presentation Board/Display - (i.e. Library displays, events)
    - **Village support for communications** - eblasts and texts?
    - Communicating 988 challenges/fallout
        - Fall 2025

The meeting ended at 7:43 PM. The committee plans to meet next on Tuesday, June 17 at 6:30 PM