How we fail people with mental health issues

Due to limitations in our newsletter archiving system, we don't have links for all of the newsletters.

April 10. 2025

On Wednesday, we published a story about how cuts to the U.S. Department of Health and Human Services were affecting North Carolina, but with the scope, magnitude and speed of those cuts, we had not yet reached state officials — who were in the process of scrambling — for them to weigh in.

On Wednesday morning, I was able to connect with Kelly Crosbie, the head of mental health for the North Carolina Department of Health and Human Services to get more detail about what cuts to funding will mean for the state.

One of the first cuts the department heard about was a reduction of about $11 billion in federal money to states that had been appropriated in the wake of the pandemic. (This cut has been temporarily blocked by a federal judge, but its eventual fate is uncertain.) For North Carolina, the cut amounted to about $230 million, with about $36 million of those funds intended to increase access to mental health and substance use treatment across the state.

"The American Rescue Plan, they gave us the funds to re-surge mental health and substance use services," Crosbie said. "Because of the increasing rates of depression, isolation, mass grief over the thousands of people lost across the nation, overdose rates were escalating, substance use was escalating. The funds were really to help us to surge mental health and substance use services."

The funds were slated to run through September of this year.

"We had been working very closely with our federal partners and all of our associations to make sure that we had really thoughtful plans and also to transition and end any of the programs we needed to continue," Crosbie said.

But all of those plans were overturned in an instant.

“We got a notice that they would end effective immediately,” Crosbie said. “We got a notice on March 24 at 4:50 in the afternoon that they were ending that exact day, no advanced notice whatsoever. That was just stunning, stunning.

“Normally, they would give a 30 day notice or something for us to help prepare the community.”

Crosbie said some really critical access programs have been affected and her office was scrambling to figure out a way forward.

Then came the cuts last week at the federal Department of Health and Human Services, which eliminated all of the regional staffers who coordinated mental health services with states. Those HHS people would convene Crosbie’s peers from all of the states in the Southeast to give guidance on programs, help administer grants and facilitate cooperation.

Now, there’s just a “total lack of communication,” she said. State leaders have started holding ad hoc meetings across the region, but now lack a connection to the federal government.

“We can't get an answer from anyone, like when we ask people questions about the status of our state opioid response grant at the federal government, we’re waiting for approval… We’re waiting to hear when and if that's going to get approved.”

Something Crosbie highlighted was how federal cuts throw the state budgeting process into disarray. She said she’s had support from both sides of the aisle at the General Assembly in Raleigh, where lawmakers want to see more funding for mental health services and improved outcomes.

“We've talked with them too about how now, more than ever, it's important that we get some of those funds to bridge some of the terminated federal funds,” Crosbie said. “Our allies, again, from both sides of the aisle, are quite concerned, and I think they're trying to understand how they can help.”

Crosbie said there’s been “strong bipartisan support” for mental health and substance use treatment for years now.

“When you think about some of the largest funding we've seen in the state for our public system, it really has come through bipartisan means,” she said. “So that's good. I think what's probably puzzling is that we still think we have that kind of support at the federal level.”

“It was pretty unusual for us to see the executive branch then cut the dollars that Congress gave us. So, that feels really new to us, and I'm not sure what to expect.”

Dec 18, 2025

There already have been a thousand hot takes on the deaths of actor/comedian/director Rob Reiner and his wife, Michelle Singer Reiner, this past week and I’m not usually one to pile on, but this time I will. Compounding the tragedy of this story is the fact that their son — who has struggled for two decades with mental illness and substance use — has been charged with murder.

In 20 years of writing about health care and another 15 practicing in health care before that, I’ve met, interviewed and worked with many families who are attempting to cope with someone in their family who has a mental illness or substance use disorder or both. What happened to the Reiners is **the** nightmare: that someone they love will hurt themselves, die by overdose or suicide, or hurt someone else they love.

I believe that this incident has resonated so strongly across the country for a single reason: So many of us know a family like the Reiners.
Good people. Conscientious people. Hardworking people. Flawed, as we all are. People who struggle to find services for their family member. People who put tens, if not hundreds of thousands of dollars of their savings into helping their troubled loved one. People at their wits’ end trying to find **the** thing that finally sticks, that makes it all better.

As I edited today’s story about a young woman who spent time in a psychiatric residential treatment facility, and who is suing for abuse that she alleges happened while she was there, I couldn’t stop thinking about the Reiners.

As a society, we do a lousy job treating people like the Reiners’ son. They go to facilities that are troubled because we underfund mental health and substance use treatment.

We've documented multiple stories of places that have been called "Warehouses of Neglect." We underfund the regulators, the people making sure these facilities are providing adequate services, or evidence-based services, or the right services.

Too many people are willing to lock these folks up and throw away the key.

Just since 2020, around a half million Americans have died from overdose; two-thirds of them were male. We have an exploding homelessness problem, rising incidences of anxiety and depression. It doesn't matter the class or position of the families for whom these tragedies — be they overdoses, suicides or harm against another — the troubled person could be the son of the local football coach, or a local minister, or a U.S. senator.

But these are not intractable problems. We're trying to raise funds to send a reporter to Italy to document a city where they've been able to reduce mental health beds because they've ramped up community treatment. There are countries that have fewer issues than we do.

In 2019, NC Health News did a series of stories about how Switzerland has managed to alleviate its opioid overdose problems through a series of evidence-based interventions. Every year — *every single year* — since we published those stories, they end up being some of our most-read stories of the year. Because people keep finding the series and seeing that there's another way.

If they can do it, we can do it. And we should.

Jan 15, 2026

Yesterday, I was attending an annual conference dedicated to strengthening North Carolina's mental health system. I was settling into a presentation on emergency department boarding for kids with behavioral health issues when someone texted me to ask if I'd seen the news: late Tuesday night, mental health service providers around North Carolina — and the country — had received letters from the federal Substance Abuse and Mental Health Services Administration (SAMHSA).
Nationwide, the cuts totaled about $2 billion.

“Funding for the referenced award is hereby terminated,” the letter opened. Recipients were told that the agency was empowered to cut funding "to the extent authorized by law, if an award no longer effectuates the program goals or agency priorities."

According to the letters, the cuts were immediate, effective Tuesday, with no time to prepare. Further, the letters said that “no corrective action is possible here since no corrective action could align the award with current agency priorities.”
Those priorities purportedly include preventing drug addiction and suicide, as well as addressing serious mental illness. Included in the agency’s strategy for reaching its mental health and substance use goals are sections titled “Ending Subsidization of Illegal Immigration, Ending Crime and Disorder on America’s Streets, Combatting Gender Ideology and Protecting the Health and Safety of Children, Ending DEI and Protecting Parental Rights.”

“Partners got a letter at 10 pm last night,” said Libby McCraw, CEO of Partners Health Management, one of the state’s mental health management agencies during one of the plenary sessions at the conference. “I don't believe we've gotten any other letters."

Tracy Hayes, who leads VAYA, the mental health management agency that primarily serves the western part of the state, said she received hers at 2 am.

“Similarly, it's effective yesterday,” she said. The cut was to the “system of care” team, which she described as “a program designed to support children with some of the most serious emotional disturbances and help both these children and their families navigate a very complex system. It involves school based programming, nurses, care coordination, outreach. It's a phenomenal program across the state.”

She said that funding for her entire team had been cut. What was “tragic,” she said, is that the entire team was at the conference, doing a presentation on the successes of their approach.

Throughout the day, I heard from multiple agency leaders, who began texting and emailing me, and buttonholing me in the hallways about what these cuts would do to their agencies, the people they’d have to lay off, the vulnerable people who wouldn’t get services.

Taylor Knopf, who writes most of our mental health content, began working the phones and furiously sending emails and texts, in between picking up her kids from school and taking one of them to a birthday party.

“As people struggled to understand the effects of the grant cuts, nonprofit leaders emphasized how essential these programs are to those with mental health and substance use issues,” Taylor told me. “We were told that one program had already let go of an employee who provided Spanish language technical assistance in response to the grant cancellation letter.”

And then, seemingly, it was… over? In the afternoon, Roll Call reported that “an administration official confirmed late Wednesday that the grants are now being restored.” Other news agencies didn't report this development until much later in the evening, when they were able to confirm the story.

Nonetheless, into the evening, we were still receiving emails and texts from agency leaders, who remained panicked and frustrated. Instead of helping the vulnerable, staff at agencies across the state instead spent the day talking down team members, making contingency plans and dealing with the frustration and anger of losing funding for vital services.

Now they’re further whipsawed by the rescission of this order. It appears obvious that in many parts of the administration, one hand doesn’t know what the other is doing.

Ironically, on Wednesday, the conference began with a talk entitled, “Building a Vision & Strategy for Navigating Uncertain Times: The Health & Human Service Leader’s Challenge.”