R.I. report: Diversifying workforce, improving access require bold steps

Systemic changes in both the behavioral health workforce and the insurance sector are needed to improve access to care for some of Rhode Island's most struggling individuals, concludes a report from the state mental health association and its parity awareness initiative. The shortcomings and recommendations outlined in the report reflect issues that continue to plague mental health systems nationally.

The report, *Network Adequacy: A Survey of Rhode Island’s Behavioral Health Provider Network*, suggests that too few clinicians of color are available to make services more accessible to the state's diverse population. In addition, many surveyed providers reported full caseloads, substantial wait times for first appointments and interrupted service because of insurance barriers.

The report's recommendations include many actions that would represent dramatic changes to traditional policies, from relying less on standardized testing for clinicians in training to establishing uniform provider credentialing standards among the state's insurers.

Bottom Line...

Too many individuals with mental health needs in Rhode Island are not receiving timely and effective services because of gaps in the workforce and instability in insurance coverage, concludes a report based on a clinical provider survey.

Impact of psychological distress on physical activity during COVID examined

As many individuals continue to grapple with the emotional challenges brought on by COVID-19, which is entering its third year, it becomes increasingly important to remain active, say researchers of a study examining the correlation of mental health status and physical activity during this pandemic. However, stay-at-home orders don't make it any easier, they noted.

The study, “Examining the Relationship Between Physical Activity and Mental Health During the COVID-19 Pandemic Across Five U.S. States,” was first published online August 26, 2021 in *Preventive Medicine Reports* and in print in December. The Psychiatric Rehabilitation Association and the Psychiatric Rehabilitation Foundation identified the article, featured in *PRA Recovery Update*, as one of the most accessed in 2021.

The researchers commenced the study during the beginning of the pandemic when many establishments were closing down, said Lindsey Haynes-Maslow, Ph.D., MHA, study co-author and associate professor and extension specialist at North Carolina State University.

Bottom Line...

Researchers suggest policy implications should include physical activity promotion as a protective factor against declining mental health.
Impact from page 1
Department of Agricultural and Human Sciences.

Haynes-Maslow noted that other studies examined the relationship between physical activity and mental health both before and during the pandemic. The studies found that lack of physical activity is linked to increased risk for depression and anxiety, she said. Physical activity can also serve as a protective factor for some mental health issues, such as hopelessness and being worried, said Haynes-Maslow.

For the current study, she and her fellow researchers were focused on two questions: How is the pandemic influencing physical activity and mental health status? And how, if at all, do physical activity and mental health status relate to each other?

What set the current research apart from other studies is its diversity, she said. "The study was conducted in five very diverse states, [accounting] for race, income, and rural and urban populations," Haynes-Maslow told Mental Health Weekly. "Also, our study was done in collaboration with four other universities." The national sample of individuals contributed to the studies’ strength, she added.

Study method
The mixed-methods study featured online survey responses from 4,026 individuals collected between April and September 2020 across five states (Louisiana, Montana, North Carolina, Oregon and West Virginia).

Researchers controlled for race/ethnicity, household income/size, gender, urbanicity, education, employment, use of government assistance and presence of chronic health conditions.

Connecting the two
To limit the spread of COVID-19 and protect the public’s health, schools, businesses, organizations and even parks closed down, the study indicated. Shortly after stay-at-home orders were implemented, studies reported declining mental health outcomes for U.S. adults.

In general, the public health community has acknowledged mental health status and physical health are tied together," said Haynes-Maslow. "However, it is well known that there are not enough mental health providers, wait lists are very long and many health plans are not covering providers patients want to see."

The researchers pointed to a cross-sectional survey in June 2020 that observed that 41% of adults reported at least one adverse mental or behavioral health condition. These outcomes were higher among young adults (74.9%), Hispanic/Latino populations (52.1%), those without a high school diploma (66.2%) and essential workers (54%). COVID-19 has had a deleterious impact on mental health, with particularly harmful outcomes for historically oppressed groups, the researchers stated.

While physical activity is linked with antidepressant effects and a relationship to improved mental health, many people are not getting enough exercise, the researchers stated.

Results
Prior to COVID-19, respondents’ average psychological distress scale score was 9.69. During COVID-19, this score increased to 13.51, indicating that respondents’ psychological distress levels worsened during COVID-19, the study found.

Many participants indicated that COVID-19 stay-at-home orders directly affected their ability to engage in physical activity. For some participants, stay-at-home orders increased physical activity levels. As one participant explained, "I have more time at home; able to work outside; quarantine [is] forcing me to cancel plans/stay at home so no excuse not to exercise." For other residents, living in a rural location meant that they felt safer being active outdoors. As a participant stated, “I walk around the neighborhood. I live in a rural area, and I feel like I can walk safely since there are few people out when I am walking.”

However, for many others, COVID-19 closures, such as gyms and parks, were an obstacle to physical activity. Many respondents who were additionally caring for children and/or older adults cited that stay-at-home orders made physical activity even more difficult.

This study reveals that an increase in psychological distress led to a decrease in physical activity levels during COVID-19 (Phase 1), which led to further decreases in psychological distress (Phase 2), which led to even further decreases in physical activity (Phase 3). This bidirectional, cyclical relationship is an important finding, as physical activity has been well documented as a key strategy to help support positive mental health, the researchers stated.

The Asian population had greater difficulty maintaining pre-COVID physical activity levels during the pandemic, as did those households whose income was $45,001–$50,000 per year, and/or those who lived in urban areas, the study found.

Taking into account race, income and geography, researchers were surprised by the disparities they saw, Haynes-Maslow said. Violence and discrimination against Asians and Asian Americans has increased rapidly during the COVID-19 pandemic, according to the study. “Asian Americans were 2.35 times...Continues on next page
Continued from previous page

more likely to experience difficulty maintaining physical activity levels, and while our study did not examine the reason behind this, we think this may be related to anti-Asian sentiments during the COVID-19 pandemic,” Haynes-Maslow said.

They also were surprised that urban populations found it 1.2 times more difficult to continue with physical activity than rural populations. Stronger lockdown enforcement in urban cities may have been a factor, Haynes-Maslow noted. Researchers inferred that rural residents perceived their outdoor spaces as less risky for contracting COVID-19 and felt comfortable being outdoors. Alternatively, it is possible that physical activity for rural residents did not decrease because their regular physical activities were already mostly outdoors, they stated.

Policy implications should include physical activity promotion as a protective factor against declining mental health, the researchers suggested. “Our study revealed that we should be investing in structural changes that improve opportunities and resources for safe places to be active in the community,” Haynes-Maslow stated. “These changes can include building sidewalks, trails, streetlights and green spaces (parks) for people to be physically active and feel safe at the same time.”

She added, “Policymakers need to be providing opportunities for people to engage in a variety of cost-effective physical activities.”

In 2022, readers look forward to the ‘big story’: 988 hotline

_Readers continue to weigh in on some of the challenges and opportunities that await them in 2022. Here are more of their comments._

**Brian Hepburn, M.D., executive director of the National Association of State Mental Health Program Directors:**

COVID-19 has continued to be the big story in 2021. States made adjustments in 2020 that continued in 2021: for example, the move to telehealth allowed the continued access to mental health care; the COVID-19 federal funding through the Substance Abuse and Mental Health Services Administration (SAMSHA) has supported the mental health providers and needed services for individuals with mental illness.

The impact of COVID-19 has also put pressure on the mental health of the general population, including on children and adolescents and marginalized populations. This has resulted in increased demand for services and an emphasis on school mental health and also on addressing equity.

For 2022, the big story will be 988 and crisis services. All states are focused on moving to 988 as the three-digit number for entry into behavioral health crisis services system (call centers, mobile crisis, stabilization and short-term crisis residential). This change has the potential to serve more people earlier in their crisis and with more response from persons with behavioral health expertise.

The federal government (i.e., SAMHSA, the Centers for Medicare & Medicaid Services and the Health Resources and Services Administration) is providing leadership and working with persons with lived experience, providers, national organizations, states, territories, tribes, local jurisdictions and law enforcement to create and support a crisis system built around 988. The goal is to use the SAMHSA national guidelines in behavioral health crisis care and build best practices around 988.

**Lisa Dailey, executive director, Treatment Advocacy Center (TAC):**

What mental health events stood out in 2021? The two most notable things I would point to are developments with respect to COVID and serious mental illness (SMI) and also the effort to prepare for 988 and its implementation. The struggle to get the Centers for Disease Control and Prevention to add schizophrenia and other mental illnesses to its list of conditions posing a heightened risk from COVID-19 was noteworthy because it pointed to how far we still have to go to get those in power to recognize and prioritize the needs of those affected by SMI. But it was also noteworthy for how universally mental health advocacy groups were able to come together to push for this needed recognition. It illustrates the many areas of near-unanimous agreement among policy advocates. We saw the same with 988 implementation planning — while there is not necessarily perfect agreement on all aspects of what 988 should do and deliver, there is much more agreement than most think.

What can the mental health field look forward to in 2022? There will continue to be a huge focus on the shift to a new 988 paradigm and reform of our response to crisis. It will be July when the official launch occurs, but so much is still needed to prepare, and we can anticipate a great deal of troubleshooting and improvement over time. We will also be going into a third year of the pandemic, whose impact on our mental health and our mental health systems is still unknown. We hope to see continued bipartisan unity in prioritizing improvement to our broken mental health system in order to address all these questions about the future.

[Regarding “A Unified Vision for Transforming Mental Health and Substance Use Care, unveiled by 14 leading groups and organizations in December 2020” we share the hopes of the other founding members of the CEO Alliance for Mental Health — that our efforts to collaborate and push forward from a place of common purpose will provide]