MH leaders, insurers unite on COVID-19 resource toolkit

Observing a need to educate mental health providers and consumers amid a mental health crisis resulting from COVID-19, several national leaders in the health community have come together to launch a toolkit of free digital resources to help both groups address their mental health needs.

The COVID-19 Mental Health Resource Hub, which launched April 6, is a compilation of videos and other resources from contributing partners, for individuals and health care providers.

The coalition pulling these resources together includes such groups as Psych Hub, a comprehensive online platform for mental health, substance use and suicide prevention; the National Alliance on Mental Illness; Centene Corporation; Cigna; the American Psychological Association, and the American Foundation for Suicide Prevention. Other partners include Beacon Health Options, Aetna and Mental Health America.

“I see COVID-19 as a tipping point,” said Ingoglia. “We’re seeing a deficit of supplies in terms of ventilators and protective equipment, along with the need for more psychologists, social workers, peer support, psychiatrists and certified community behavioral health centers,” added Kennedy. “We’re seeing a deficit all across the country in the infrastructure necessary to meet overwhelming demand, our country is going to have for mental health and addiction services,” he said, adding that he expects a “tsunami wave” of untreated depression and anxiety that is going to be spiked by overdoses and suicides.

The National Council and ASAM noted that the need for mental health and substance use services is growing, yet behavioral health organizations are already laying off staff and cutting programs, and many need to cancel programs or close clinics in the coming weeks. Programs that serve individuals with the most acute behavioral needs have experienced dramatic COVID-19-related escalations in operational costs that place critical access to real-time care in jeopardy, they stated.

“This is a mental health crisis,” said Ingoglia. “Behavioral health organizations are trying to figure out how they can serve their current population.” In this environment of physical distancing, a lot of people are experiencing depression and anxiety, he said.

The Washington Post reported that alcohol sales “are off the charts,” said Ingoglia. “We see a lot of people trying to cope with the situation.” States like New York, New Jersey, California and Michigan have reported high levels of post-traumatic stress, he said. “We need to make sure we have the capacity in our treatment [field] in order to respond,” Ingoglia said.

Funding allocation

In making their requests for $38.5 billion in emergency funding, mental health and addictions organizations indicate that the allocation may fund:

- necessary expenses to reimburse, through grants or other mechanisms, eligible behavioral health organizations for health-related expenses or lost revenues that are attributable to COVID-19; and
- building or construction of temporary structures; leasing of properties, medical supplies and equipment, including personal protective equipment and testing supplies; increased workforce and training expenses; telehealth infrastructure and equipment and data costs; emergency operation centers; retrofitting facilities; and surge capacity.

Regarding proposed eligibility, the groups indicated that eligible behavioral health organizations shall mean: (1) organizations primarily treating individuals with mental health and/or substance use disorders, including all levels of care, that are accredited by an independent, national organization; (2) Community Mental Health Centers; and (3) such organizations as specified by the U.S. Department of Health and Human Services secretary.

Bottom Line...
The free resource hub is designed to help consumers address mental health needs during the COVID-19 pandemic. Resources to enhance skills and provider self-care information are also available.

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Continued from previous page

point for the mental health move-
ment,” former Rep. Patrick Kennedy, co-founder of Psych Hub, told MHW in an exclusive interview last week. Kennedy said COVID-19 represents the greatest tipping point for a change in outlook for the mental health and addiction world.

“We’re entering a new world as a result; many will need mental health and addiction counseling because of this crisis,” said Kennedy, who added that he is still seeking enforcement of the Mental Health Parity and Addiction Equity Act he championed.

“The development of Psych Hub was based on a desire to provide a solution for all stakeholders to know what they can do to help us in this current pandemic and to weather the storm and come out on the other side,” said Kennedy. “Psych Hub is a combination of Angie’s List and match.com.”

“We needed to really create and curate a library of the best practices in treatment of specific mental health disorders and partner with payers,” added Kennedy. Payers, he noted, want to pay for effective care. “They have the stick, which is the patient, and I want to give them the carrot — the lowest cost of care for patients,” said Kennedy, pointing to the federal parity law.

Identifying provider networks

The online site will enable a number of consumers and patients to identify what providers are in their network that are skilled in providing the type of mental health counseling they need, Kennedy said. It’s a way to get away from the “one-size-fits-all” approach, he said. Different cognitive therapists are available for grief, depression, insomnia, panic attacks, eating disorders and other mental health disorders, he said.

Mental health and addiction care should be offered as part of overall health care, added Kennedy. Many studies confirm that mental health care reduces the total cost of care, especially for patients with co-occurring diabetes, asthma or receiving cancer treatment, he said.

According to coalition leaders, the novel coronavirus is already having a detrimental impact on mental health: 63% of respondents to a recent McKinsey Global survey reported feeling anxious or depressed in the past week, and 80% of respondents reported experiencing moderate to high distress related to COVID-19.

Suicide hotlines are fielding more and more calls every day, leaders noted. Additionally, a recent survey from China showed that over 70% of their health care workforce was experiencing some form of psychological distress. “Amid this fear and uncertainty, the partners of the federal parity law.

COVID-19 Mental Health Resource Hub have made a careful effort to curate information to show we aren’t in this fight alone,” according to coalition leaders.

Resources, video topics

The video topics in the hub range from tips for managing social isolation to guided meditation and breathing exercises to reduce anxiety to how to avoid burnout as a provider.

“We wanted to create a place where people could go to get the best resources,” Marjorie Morrison, president and CEO of Psych Hub, and co-founder along with Kennedy, told MHW. “There are a handful of really good resources out there.”

Morrison explained that in light of the limitations imposed by COVID-19, they felt it was important to ensure the widest availability of tele-mental health. “Psych Hub’s tele-mental health course is free and available online at https://lms.psychhub.com,” she said.

“Our course is designed to teach clinicians how to overcome any potential barriers to delivering tele-mental health,” Morrison said. “At the end of the course, we expect our learners to have the skills and knowledge necessary to begin implementing tele-mental health as a routine part of their practice. This includes all aspects, said Morrison, such as handling the logistics and the IT equipment, to ensuring delivery of evidence-based care and how to measure the effectiveness of telehealth in a clinical setting.

The course covers a definition of what is tele-mental health, how to set up your tele-mental health environment for success, an overview of legal and ethical considerations for tele-mental health, an in-depth review of the requirements for informed consent in a tele-mental health environment, ensuring fidelity to evidence-based practices and, finally, a unit on self-care for clinicians.

Tele-Mental Health 101 was produced with the assistance of the American Telemedicine Association. The resource hub also includes:

• interviews with leading industry experts on practical tips as well as specific considerations for the COVID-19 pandemic and

• information and tools for the provider to help them navigate implementation with their clients for increased adoption.

Information on regulatory and privacy considerations, addressing common pitfalls and practicing self-care as a provider, especially relevant in COVID-19, is also available, said Morrison.

“In the end, our hope is to make mental health care as widely available and accessible as our current technology permits,” said Morrison. While the course doesn’t get into

\[ DOI: 10.1002/mhw \]
specific state legislation regarding the different telehealth policies, it does provide links for related legislation in different states, she said.

In addition to its regular collection of videos, Psych Hub has also produced a number of animated videos in light of COVID-19, she said. Online courses also include role-playing exercises. Continuing education credits are available, said Morrison.

To access the free COVID-19 Mental Health Resource Hub, visit https://psychhub.com/covid-19.

**HelpLine from page 1**

effect the latter reports on violent crimes often inflict on the mental health community, said NAMI’s Dawn Brown.

**Shift in call pattern**

The HelpLine, which has been in operation for about 20 years, generally fields around 60% of its calls from individuals experiencing distress and most of the rest from concerned loved ones and friends, Brown said. Current calls that are addressing COVID-19-related concerns are skewing more heavily toward individuals, she said.

Call volume is rising, Brown said, with the HelpLine routinely approaching daily records of calls now. She said the service’s run charts are beginning to resemble the transmission curves shown in national and state media briefings regarding the virus.

Feelings of anxiety head the list of concerns callers are expressing. “There is a heightened need for support, encouragement, reassurance,” Brown said. Some suicidal ideation also is evident in a number of callers, she said.

Peer support volunteers answer calls to the HelpLine, offering problem-solving strategies and seeking to connect callers to additional resources. Brown said the current public health crisis compelled NAMI to offer refresher training to volunteers, focusing on subjects such as helping a caller manage a panic attack and helping to normalize responses to the virus threat.

Along with a need for overall reassurance, some callers who are in the mental health system also are expressing immediate treatment-related needs. Comments include “My provider is not taking patients right now” and “I do not have enough medication refills and my psychiatrist is not available,” Brown said. Volunteers are trying to inform individuals about virtual consultation and therapy services that are increasingly becoming available during the crisis.

One effect of the crisis, in closing a number of physical workspaces, actually has accrued to the HelpLine’s benefit. Normally, the HelpLine has the capacity for eight volunteers at a time at its headquarters. But once NAMI learned volunteers would not be able to go to the office for several weeks because of the virus threat, it assisted these workers in operating remotely and was able to add capacity, Brown said.

The HelpLine is available on weekdays from 10 a.m. to 6 p.m. Eastern time. It may be reached via phone at (800) 950-6264 or via email at info@nami.org.

NAMI’s website also houses a comprehensive information and resource guide related to the virus.

**Data mixed so far**

In its weekly update edition dated April 3, the National Association of State Mental Health Program Directors (NASMHPD) stated that as of March 27, the National Suicide Prevention Lifeline had not experienced significant changes in call volume. A spokesperson for the national lifeline did not reply to a phone inquiry from MHW by press time. It and other services remain on high alert, aware that suicide prevention could be a high-priority focus in the weeks and months ahead.

The NASMHPD update also cited reports from Didi Hirsch Mental Health Services in Los Angeles, which, among its services, operates a crisis helpline. The agency reported no major increase in total calls in the month of March, but a predictable increase in those that cited COVID-19-related concerns. It would stand to reason that this pattern will only intensify this month and beyond.

Among the top concerns of callers to the crisis helpline who mentioned the novel coronavirus were anxiety/stress and fear of social isolation. Of the more than 1,500 callers in March who spoke about COVID-19, 43% reported feelings of anxiety and stress and 25% expressed health care concerns. One in five expressed some suicidal ideation. Two-thirds of the callers expressing COVID-19-related concerns last month were women, the Los Angeles center reported.

Suicide prevention already is an area of focus in policy discussions, with the federal Coronavirus Aid, Relief and Economic Security Act including $50 million in suicide prevention funding.

The Kaiser Family Foundation’s Health Tracking poll covering the period from March 25–30 reflects growing public concerns about the impact of the health crisis. The poll showed that 72% of Americans say

**‘There is a heightened need for support, encouragement, reassurance.’**

Dawn Brown

Continues on next page