As MH workforce evolves during COVID-19, telehealth seen as new normal

The landscape for the mental health workforce has changed considerably over the past decade with parity and health care reform. And with COVID-19, it continues to evolve, with program closures, canceled appointments and lost jobs.

A recent survey conducted by the National Council for Behavioral Health found that many of the community behavioral health organizations surveyed have had to cancel, reschedule or turn away patients during this pandemic. More than 60% of the 880 organizations surveyed believe they can only survive financially for three months or less under the current COVID-19 conditions (see MHW, April 27).

Pre-COVID-19, the mental health workforce had a problem with increased demand for services and lack of a workforce, said Brian Hepburn, M.D., executive director of the National Association of State Mental Health Program Directors. The challenges included difficulties with retention and recruitment and an aging workforce, he told MHW.

Bottom Line…
Field leaders and heads of mental health associations are encouraged about telehealth availability for clients during this pandemic and hopes it continues post-COVID-19.

Few organizations immune to perils of securing PPE for staff, patients

Finding themselves outside the traditional supply chain for personal protective equipment (PPE) for health care staff, leaders of behavioral health provider organizations have had to devise creative strategies — from the local to the global — in order to secure equipment to protect employees and patients during the COVID-19 crisis.

National Council for Behavioral Health President and CEO Chuck Ingoglia told MHW last week that some relief for the organization’s community behavioral health members recently arrived in the form of a completed order of 2.3 million surgical masks from China. The same entity that handles distribution of Mental Health First Aid manuals for the National Council is in the process of distributing the masks to the member organizations that placed a formal order for them with their national association, Ingoglia said.

Community mental health centers are by no means alone in the

Bottom Line…
Behavioral health organizations have had to look at home and abroad in their effort to secure equipment to protect staff and patients from transmission of the novel coronavirus.
potential for growth and ideas for new and innovative things,” she said. Cox, who used to work at Hor-
zon, said youth “have beautiful sto-
ries to tell. They want to give back
to their community. I think this pro-
gram works because we give youth
the opportunity to run it.”

The students will be working
with the Department of Behavioral
Health Recovery to learn about con-
tracts, developing programs and the
TI settlement negotiations. They’ll also
participate in classes on safety in the
workplace and self-care, said Cox.

The youth and young adults are
paid to develop the program, said
Cox, who helps navigate the pro-
gram. “They come up with most of
the ideas and create learning oppor-
tunities for other youth,” she said.
“It’s exciting to watch youth helping
youth. It helps them develop confi-
dence and skills they never thought
they would have. I want to open
doors for them.” •

PPE from page 1
scramble for PPE. In fact, Ingoglia
said, the National Council has been
contacted by groups ranging from
some state mental health depart-
ments to county jails as their leaders
direct their own searches for PPE.
“Everyone is desperate to find PPE,”
said Ingoglia.

Anxiety-ridden process

The National Council’s decision
dates to several weeks ago to place a
large order for surgical masks stemmed
largely from the high quantity of
minimum orders that many suppli-
ers of the equipment demand. With
it being impractical for an individual
to place an order at such high minimum quantities, a National
Council member suggested a collabora-
tive approach that would meet many centers’ needs.

Just over 1,000 organizations
placed orders for surgical masks, and
the National Council in turn placed
the order of 2.3 million masks with a
supplier in China. National Council
member facilities can operate suffi-
ciently with surgical masks, not need-
ing the N95 masks that are more tai-
lored to staff in hospital settings.

Then came the waiting game,
and the worry over possible prob-
lems such as whether the U.S. gov-
ernment might impound the supply
coming from abroad. “This has been
weighing on us for weeks,” Ingoglia
said. But the order cleared Customs,
and the masks now will be on their
way to National Council members.

While there have been some requests among members for items
such as protective gowns and gloves,
the scope of the community behav-
ioral health organization’s needs for
PPE is generally limited to masks,
Ingoglia said.

It is important to remember that
while most community behavioral
health organizations have success-
fully transitioned in-person outpa-
tient services to telehealth, many are
still operating essential street out-
reach, crisis services and residential
care that require close person-to-
person contact. “Not everything is
virtual,” Ingoglia said.

Also, “Most of our staff have
never used this kind of equipment
before,” he said. The National Coun-
 cil is working on creating a video
that will show facility staff members
how to properly use and preserve a
face mask. The latter consideration
becomes important in a period
marked by short supply of PPE.

Concerns at hospitals

Although the psychiatric health
system members of the National
Association for Behavioral Healthcare
(NABH) operate a higher-intensity
level of care than what community
mental health facilities generally pro-
vide, concerns about protecting staff
and patients from virus transmission
are still a new priority for many.

“Our members have not tradi-
tionally used PPE,” NABH President
and CEO Shawn Coughlin told
MHW. “But they are still interacting
with individuals on a daily basis.
They didn’t have reserves set aside.”

Larger hospital facilities that have
held relationships with suppliers for
some time have adjusted to the sud-
den need for PPE better than smaller
organizations, some of which have
had to resort to placing calls with in-
ternational brokers in the middle of
the night, Coughlin said.

Another concern for psychiatric
hospital staff comes with the push
for universal masking for all staff
and patients. In an environment
that houses at-risk behavioral health
patients, “You can’t just be giving
out cloth masks,” which could gen-
erate ligature-related concerns,
Coughlin said. Hospitals also may
be working with patients who don’t
fully grasp the gravity of the virus
threat, he said.

The National Council’s guidance
document for managing COVID-19
risk in residential behavioral health
facilities (accessible at https://www.
thenationalcouncil.org/covid-19-
guidance-for-behavioral-health-
residential-facilities/) states that all pa-
tients, staff and visitors in residential
settings should be required to wear
surgical masks while awake (or cloth
face coverings if surgical masks are
not available). But the document adds
that there will be cases in which a pa-
tient cannot comply due to symptom-
related or other concerns, in which
case steps should be taken to ensure
that people nearby wear face cover-
ings to reduce the risk of transmission.

The guidance also suggests that
facilities enhance the availability of
alcohol-based hand sanitizers and
reinforce the use of effective hand
hygiene practices.

The document states that hospi-
tal regulators are not expected to
cite facilities for noncompliance
with safety protocols during the
pandemic, but it urges facility lead-
ers to demonstrate that they are tak-
ing the steps they can to secure the
supplies of PPE they need.

Is issue on the radar?

The National Council reported
last month that in its online survey
Continues on next page
Coming up...

**Mental Health America** has rescheduled its 2020 annual conference, “From Resiliency to Recovery,” from **June 11-13 to Sept. 3-5** in Washington, D.C. For more information, visit **https://www.mhanational.org/2020/annual-conference.**

The **National Alliance on Mental Illness** will host its annual convention, NAMICOn 2020, on **July 15-18** in Atlanta, Georgia. Visit **https://www.nami.org/convention** for more information.

The **New Jersey Association of Mental Health and Addiction Agencies** has postponed the Information Technology (IT) Conference, “No Fooling — IT is Critical!” originally planned for **April 1**. It is now scheduled for **Oct. 21** in **Edison, N.J.** Its annual conference, “Reimagining Health Care,” originally scheduled for **April 23–24** is now planned for **Oct. 29–30** in **Iselin, N.J.** For more information, visit **www.njamhaa.org/events.**

**Briefly Noted**

**CVS to provide more than $1 million to support MH care of health care workers**

CVS Health announced on May 4 it is providing more than $1 million in financial aid to organizations devoted to protecting the mental health of health care workers, essential workers in other sectors and seniors during the COVID-19 pandemic, the *Providence Journal* reported. The company is also opening access to other programs for employees and U.S. residents. In a media release, the company said its support will help flatten what it described as the “second curve ... the less visible but escalating mental health crisis resulting from the COVID-19 pandemic.” “The wrath of COVID-19 is not just physical. Mental trauma is the deadly undertow of the pandemic’s first wave,” said Karen S. Lynch, executive vice president of CVS Health and president of its Aetna Business Unit. “We are committed to helping our nation rise above this second wave by first providing support for those who need it the most, including heroes on the frontlines and seniors.” Components of the program include a $500,000 contribution from the Aetna Foundation to the AmeriCares COVID-19 Mental Health and Psychological Support Program “to help frontline health care workers, particularly those who serve low-income populations, improve their mental health awareness, knowledge and resilience.” CVS Health is increasing support for its own employees to “help build mental health resilience, cope with anxiety and stay connected.” •

**In case you haven’t heard...**

A new study of 588 millennial and Generation X residents and fellows did not show increased vulnerability to burnout or different empathy skills in millennial physicians in training compared to a demographic-matched sample of Generation X physicians, according to a Northwestern University press release. The study, published May 5 in *Academic Psychiatry,* is the first to evaluate the impact of generation affiliation (millennial vs. Generation X) on physician qualities, specifically empathy and burnout. “As millennial physicians are increasingly entering the workforce, people seem to be wondering what millennial doctors will be like, and I’ve heard older physicians opine that physician burnout is a bigger problem now due to generation vulnerability,” said lead author Brandon Hamm, M.D., instructor of psychiatry and behavioral sciences in the Northwestern University Feinberg School of Medicine. Hamm conducted the research while he was at the Cleveland Clinic. “Our study provides a little more transparency that it’s medical-system exposure — not generational traits — that is more likely to contribute to the burnout seen in today’s doctors.” •