



Navigating the Changing Healthcare Landscape

Behavioral Health in Pandemic Recovery

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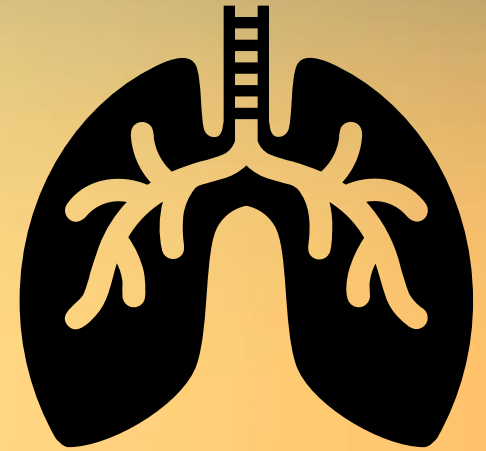


Objectives

- Provide an overview of pandemic-related changes in behavioral health statistics, with a focus on rates of anxiety, depression and emergency care
- Review the impact of structural racism and health care disparities in the recovery process, with data on specific populations
- Offer clinical examples of positive changes in the health care delivery model that have evolved over the past 18 months

COVID-19 Data

- **Global confirmed cases: 181,513,857**
- **Global deaths: 3,931,850**
- **U.S. confirmed cases: 33,641,386**
- **U.S. deaths: 604,152**



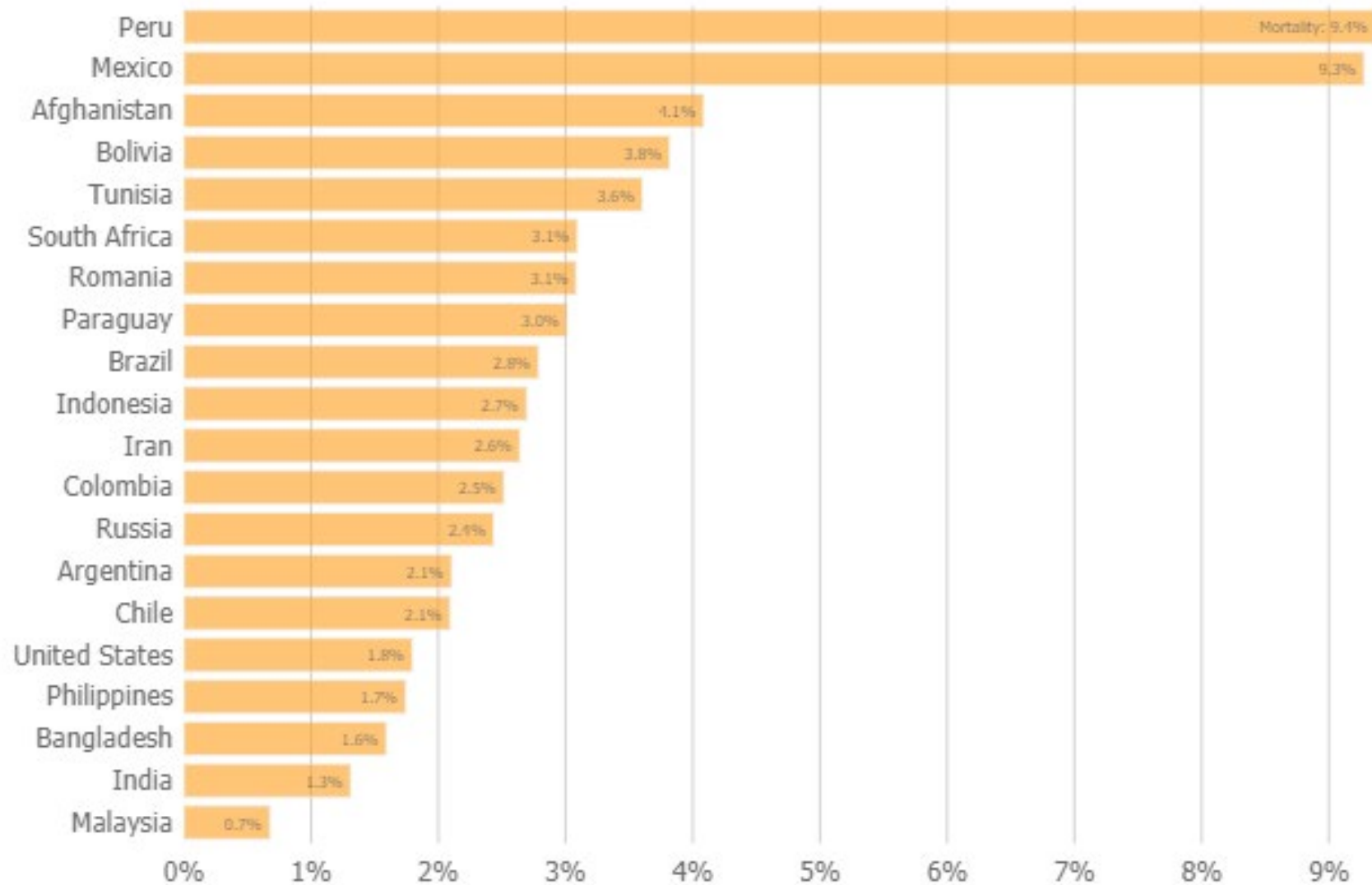
Source: Johns Hopkins University of Medicine, June 29, 2021

A vast field of green grass is densely populated with hundreds of small American flags on thin wooden stakes. The flags are scattered across the entire scene, extending far into the background. In the center of the field, a rectangular sign with a white border and a dark blue background stands on a wooden stake. The sign contains white text that reads: "In memory of the 200,000+ Americans who have needlessly lost their lives to COVID-19 #COVIDMemo project". The lighting is bright, suggesting a sunny day, and the overall atmosphere is one of solemn remembrance.

**In memory of the
200,000+ Americans
who have needlessly
lost their lives to
COVID-19**
#COVIDMemo project

Observed case-fatality ratio

Deaths per 100,000 population



Mortality: Observed case-fatality ratio

ITALY: COVID-19 DATA

Confirmed cases:
4,258,456

Deaths: 127,500

VACCINE TRACKER:

50,452,251

Doses administered

18,092,767

People fully vaccinated

30.01%

% of population fully vaccinated

MINI MARKET
Il Bel Paese
Alimentari
Frutta e Verdura
Sisal
CARICHE E PAGAMENTI



MINI MA

«IL BEL PAESE»



PAGA E RICARICA QUI
TIM
Lycamobile

PAGA E RICARICA QUI

VENDESI

Handel's Rinaldo Opera "Lascia ch'io pianga"

"Let me weep my cruel fate,
And that I should have freedom.
The Duel infringes within these twisted places,
In my sufferings, I pray for mercy."

Rinaldo: "Lascia ch'io pianga"
Glyndebourne



Should we **put the past behind us**,
or – to emerge
more whole than
broken – **process**
what we've lost?



Is your pandemic
narrative story
redemptive or
more one of
contamination?

Dr. Don McAdams

Northwestern University

- Asked hundreds of people to come to their laboratory to share the narrative arc of their lives
- Was the suffering redeemed by the good, or was the good ruined by the bad?
- People make “narrative choices” on what to include, what to leave out and how to interpret events.
- Redemptive stories are associated with mental health, and contamination stories are linked to depression and despondence.





One Year In: COVID-19 and Mental Health

“A year of hunkering down and Zooming in, teleworking and telepsychiatry, economic and social upheaval, and steady scientific progress. Looking back to last March, we knew this would be difficult. But we didn’t know how difficult. And we certainly didn’t know that the challenge of COVID-19 would last this long.”

—[Joshua Gordon](#), MD, PhD, NIMH Director, April 9, 2021

From prior research on disasters and epidemics, we mostly knew what to expect. In the immediate wake of a traumatic experience, large numbers of affected people report distress, including new or worsening symptoms of depression, anxiety and insomnia.





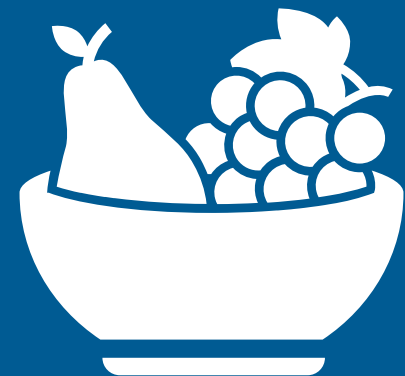
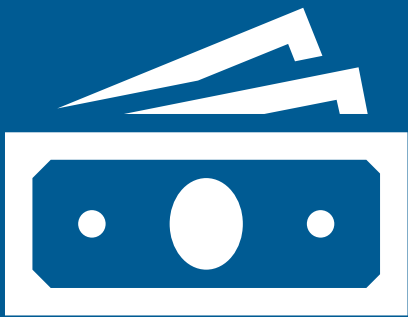


Most people will recover, though that recovery can take some time. A notable fraction of people will develop chronic symptoms severe enough to meet criteria for a mental illness, such as posttraumatic stress disorder (PTSD) or major depressive disorder.

People who experience more severe stressors, such as exposure to the dead or dying, and people with more prolonged disruptions are more likely to experience enduring symptoms that would benefit from intervention. Receiving economic or social supports and using coping strategies can lower these risks and maximize a person's chances for recovery.



We also know that people are more likely to develop chronic or severe reactions if they have one or more risk factors, such as poor social supports, financial difficulties, food or housing instability or a history of mental illness.





It seems that much of what we have learned from past disasters and epidemics is holding true in the context of the COVID-19 pandemic. Several surveys, including those collected by the Centers for Disease Control and Prevention (CDC), have shown substantial increases in self-reported behavioral health symptoms.

According to one CDC report, which surveyed adults across the United States in late June 2020:

31%

of respondents reported symptoms of **anxiety** or **depression**

13%

reported having **started** or **increased substance use**

26%

reported **stress-related symptoms**

11%

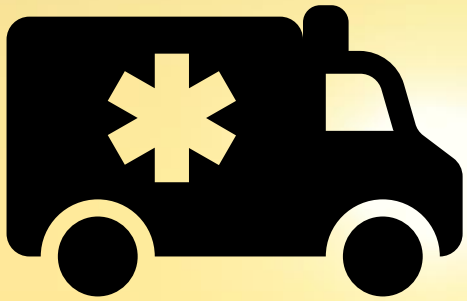
reported having **serious thoughts of suicide** in the past 30 days

These numbers are nearly double the rates we would have expected before the pandemic.

As in prior studies, this survey showed that risk factors for reporting anxiety symptoms or suicidal ideation included food insufficiency, financial concerns and loneliness.

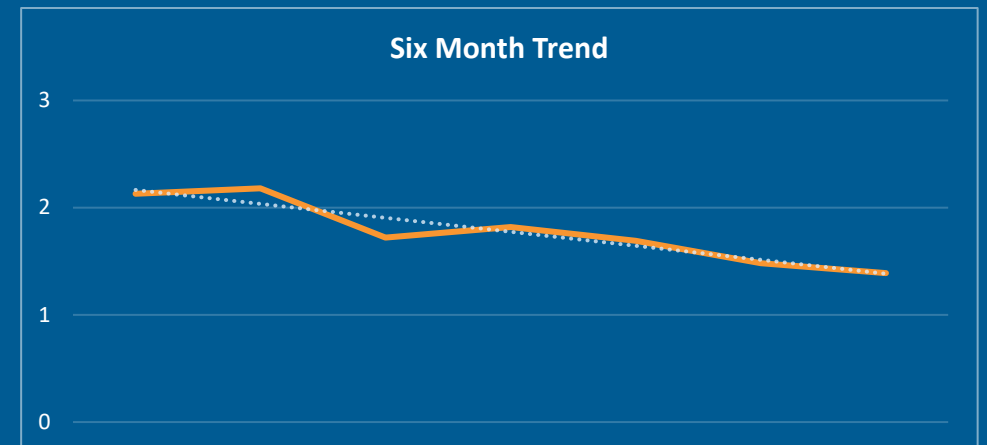
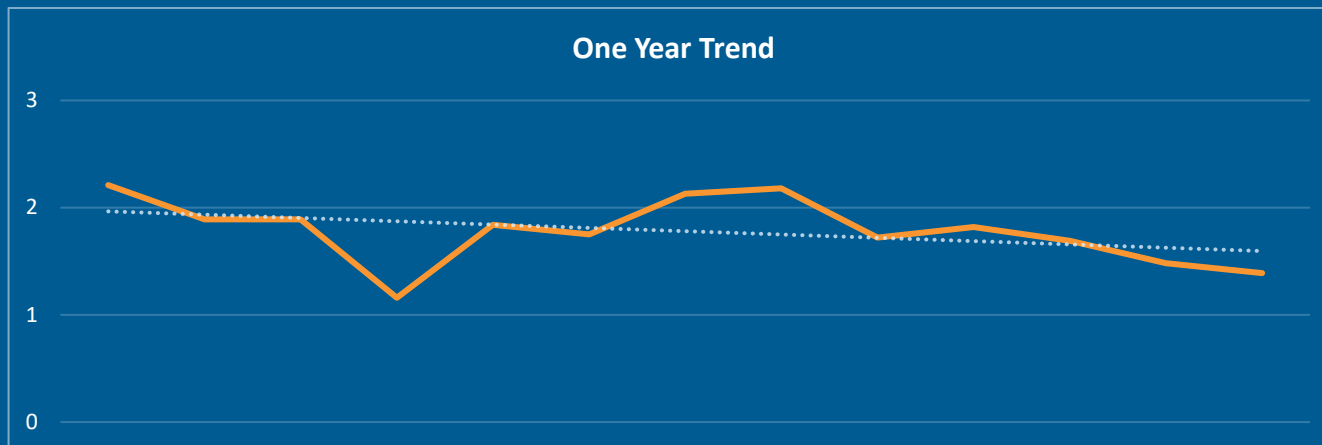
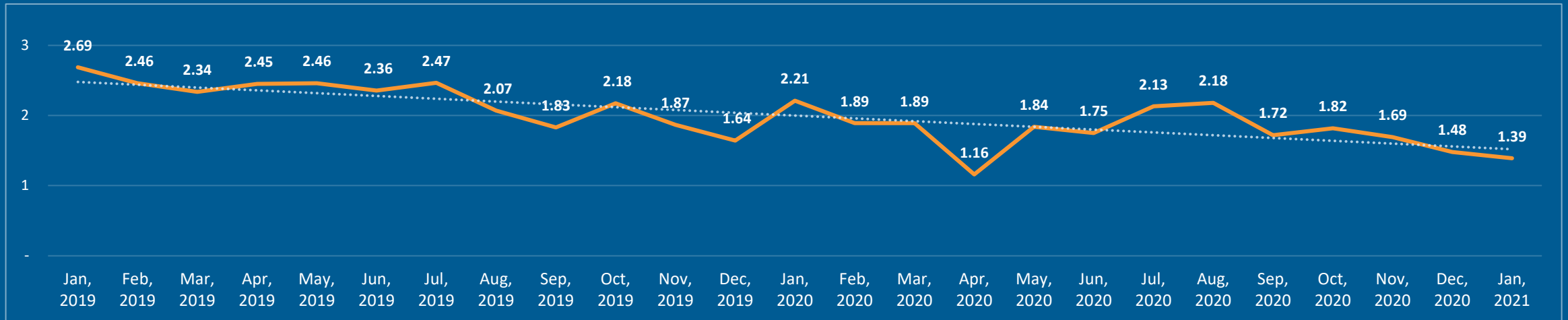
Crisis intervention services such as [SAMHSA's Disaster Distress Helpline](#) (1-800-985-5990) and the [Crisis Text Line](#) (text HOME to 741741) reported substantial increases in volume early in the pandemic, reflecting anxiety and distress brought on by COVID-19's many uncertainties.



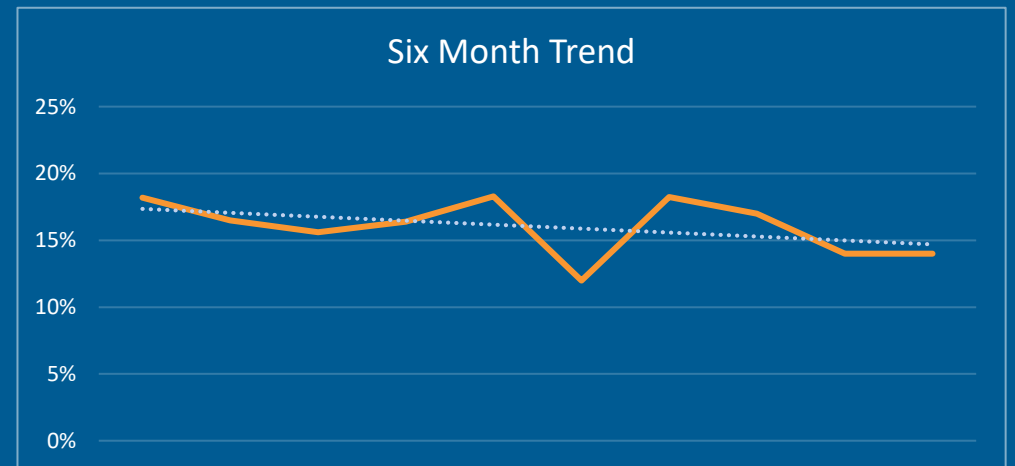
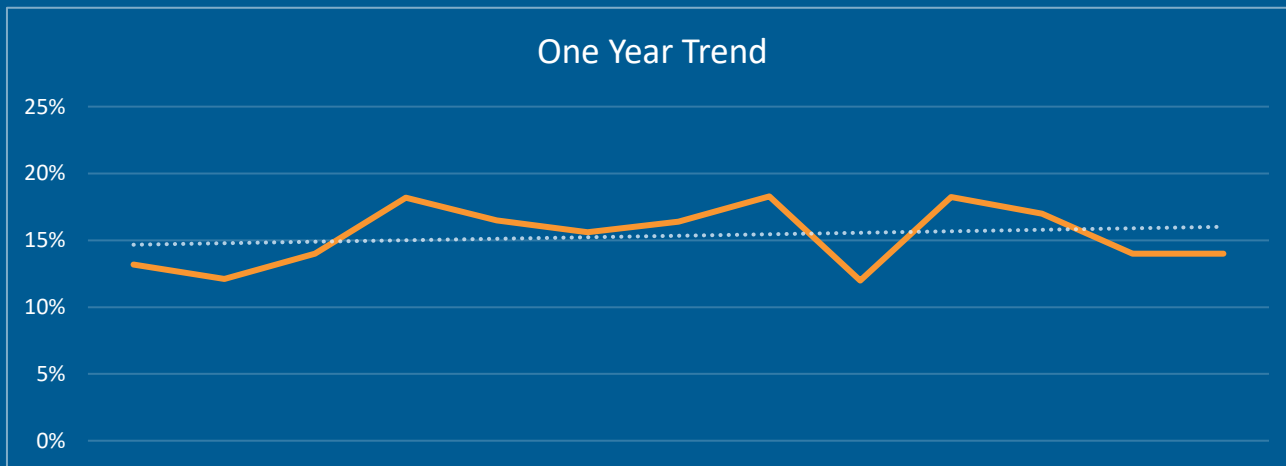
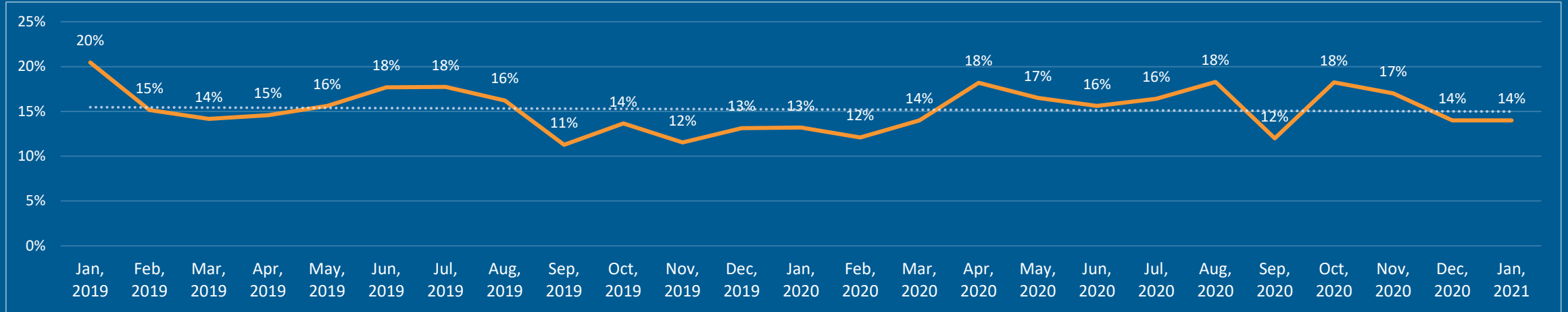


Data indicates the volume of mental health and suicide risk visits to emergency departments initially dropped when states issued stay-at-home orders. These visits increased again after stay-at-home restrictions were lifted.

Rate of ED Admits per 1,000 – Medicaid Members



Percent of ED Admits That Were Re-admissions within 30 Days



Health Care Disparities (impact of structural racism)

- How do we measure how health care is working in the United States? What are the outcomes of different populations, and why are they different?
- How about using the Golden Rule?

The Golden Rule

- **Sikhism:** I am a stranger to no one; and no one is a stranger to me. Indeed, I am a friend to all.
- **Zoroastrianism:** Do not do unto others whatever is injurious to yourself.
- **Christianity:** In everything, do to others as you would have them do to you.
- **Buddhism:** Treat not others in ways that you yourself would find hurtful.

The Golden Rule

- **Islam:** Not one of you truly believes until you wish for others what you wish for yourself.
- **Jainism:** One should treat all creatures in the world as one would like to be treated.
- **Hinduism:** This is the sum of duty: do not do to others what would cause pain if done to you.
- **Taoism:** Regard your neighbor's gain as your own gain, and your neighbor's loss as your own loss.

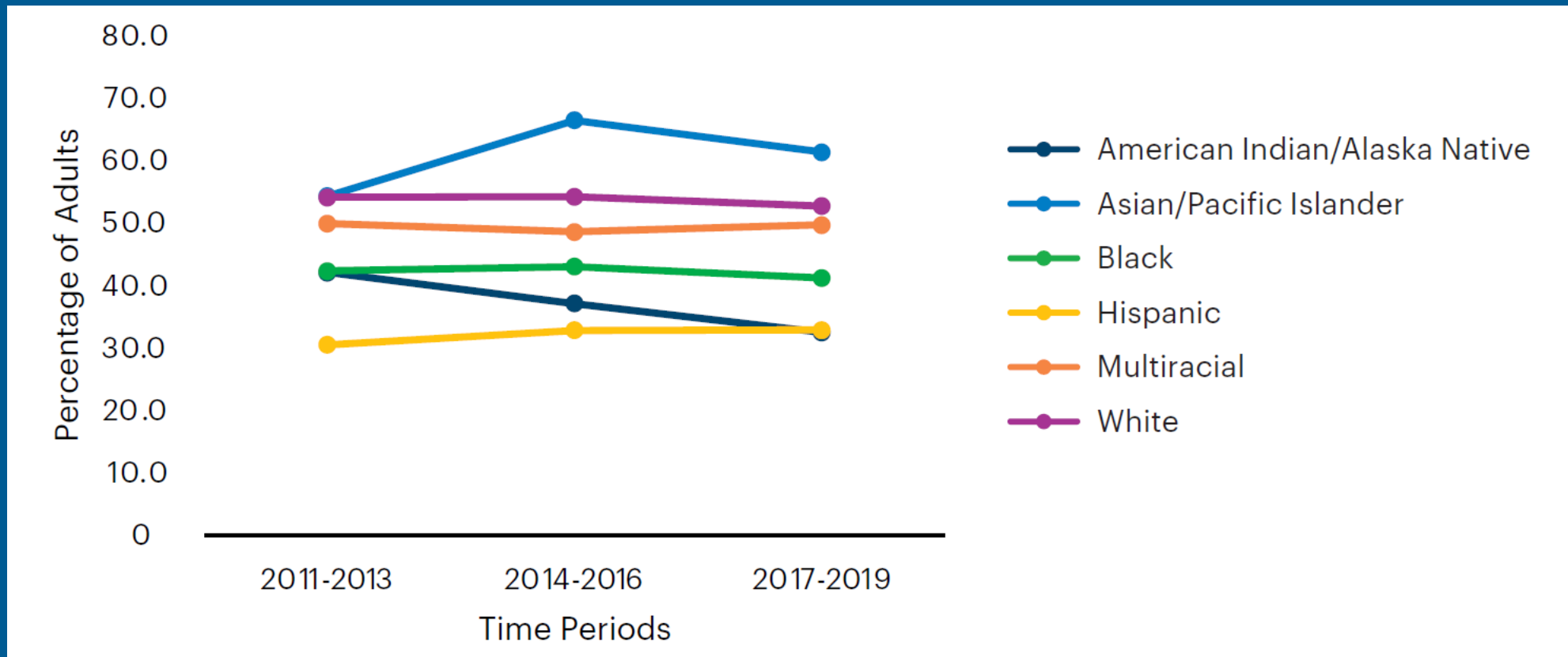


Merrill Lynch

VANCE VANCE



High Health Status by Race and Ethnicity, North Carolina



Source: 2021 Health Disparities Report – State Rankings, United Health Foundation; available at www.AmericasHealthRankings.org



Journal of the American Medical Association (JAMA) 2021; 78(4)444-447

Black individuals in Maryland experienced two times the pre-COVID-19 suicide rate during the early pandemic period, while white individuals had only half of the pre-COVID-19 suicide rate.

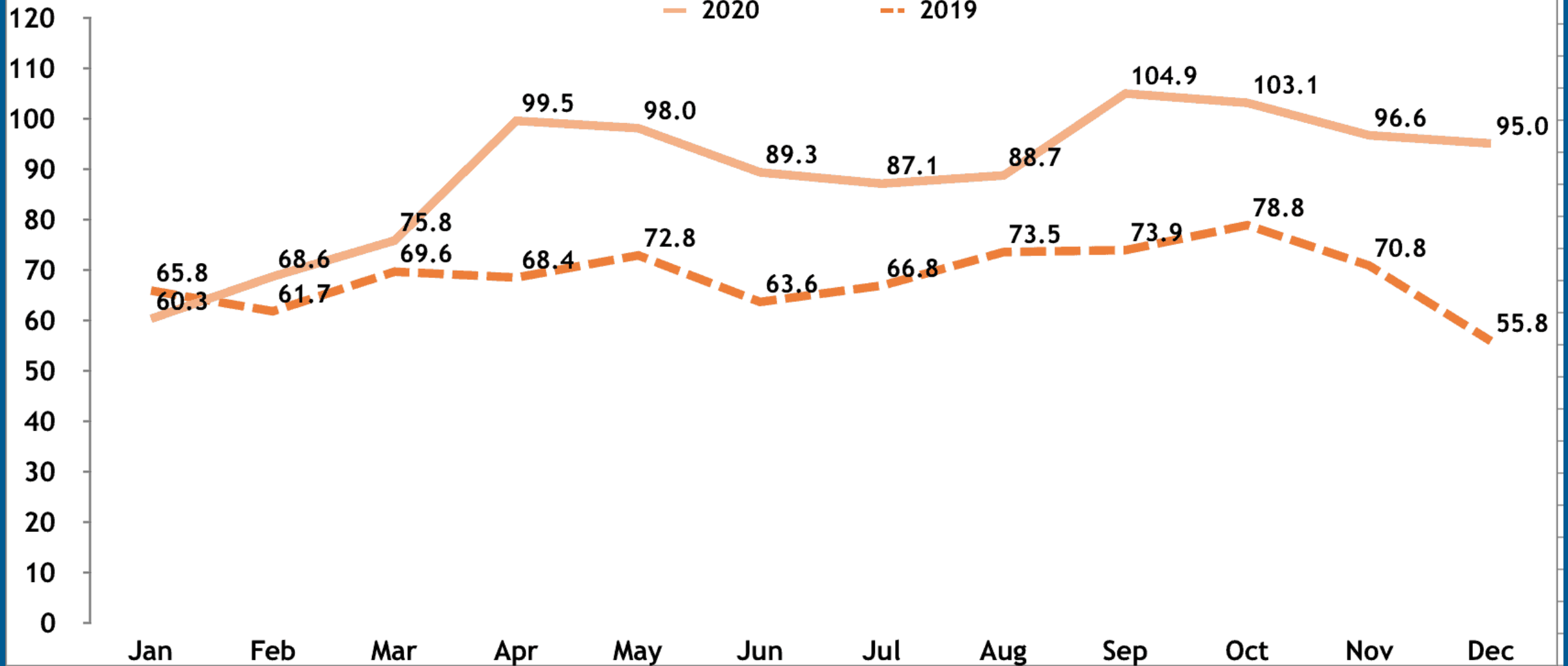
Psychiatry Resident January 2021, Mitchell et al

There was a 13% drop in suicide rates in Connecticut for the population as a whole, but there was an overall increase in rates for racial minority groups.

JAMA Network Open 2021; 4(4), Krass et. al.

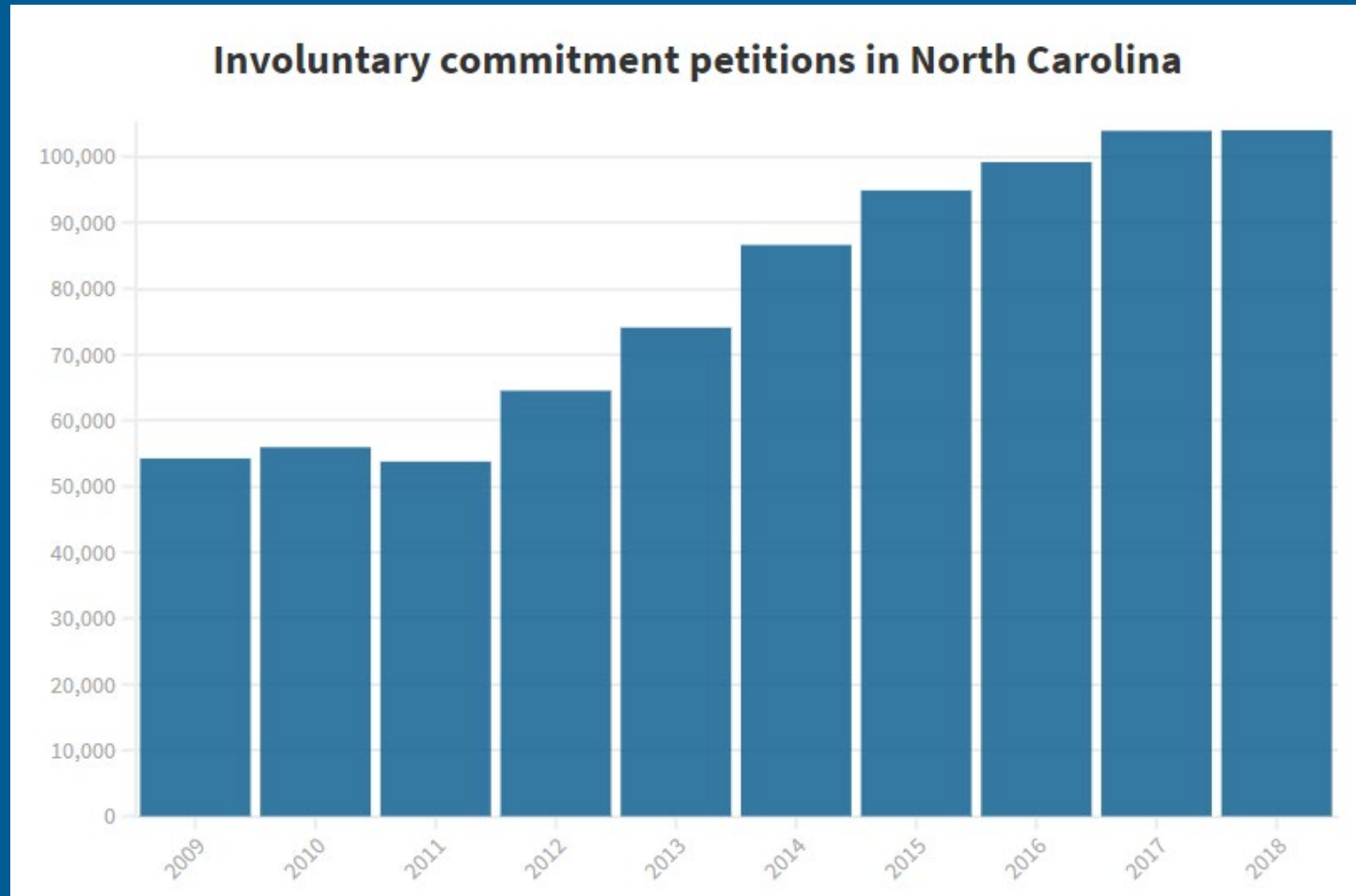
The proportion of pediatric emergency department visits for mental health issues increased despite a decrease in the total number of visits.

Rate of Pediatric ED Discharges with a Primary /Secondary BH Diagnosis (per 1,000 Pediatric ED Discharges)



Source: NCHA Patient Data System, 2019-2020

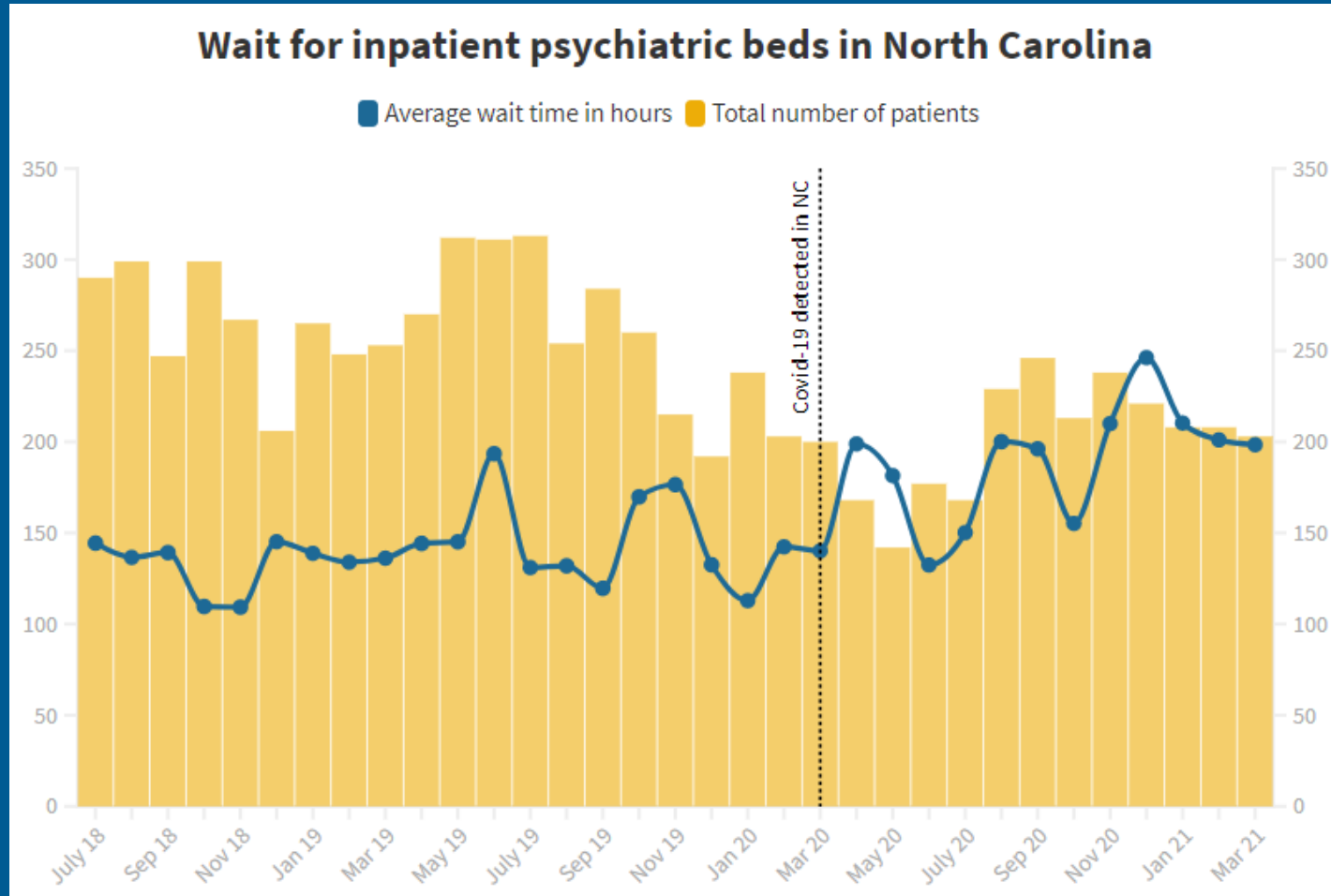
IVC Petitions



Source: This data was provided to NC Health News by mental health advocates within the Public Defender's office of Mecklenburg County and PeerVoice NC's Recovery Alternatives to Force and Coercion (RAFT) Coalition. • These numbers represent unverified, raw data gathered by tallying Special Proceeding numbers which are given for each Petition for Commitment to the NC Administrative Office of the Courts. Every Special Proceeding doesn't end in a commitment order, but most do.

<https://www.northcarolinahealthnews.org/2021/06/25/behavioral-health-emergency-nc-health-organizations-ask-state-leaders-for-help/>

Psychiatric Inpatient Bed Wait

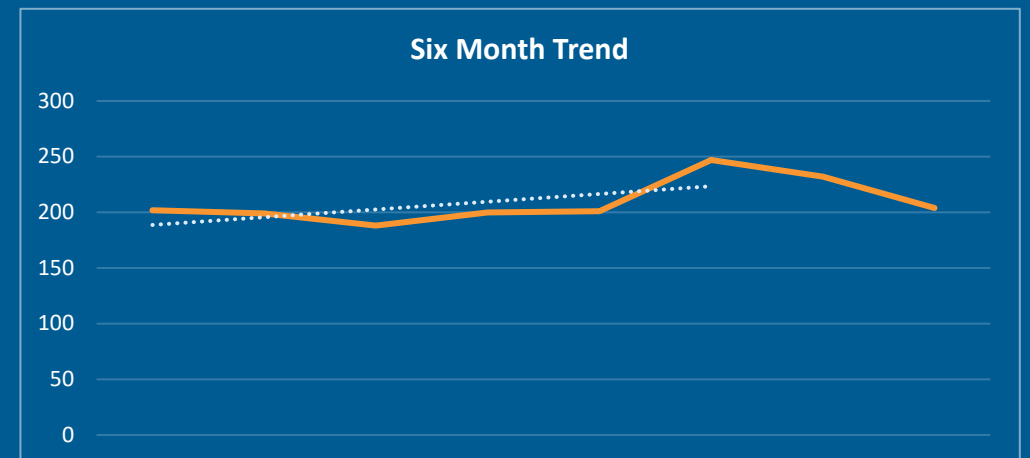
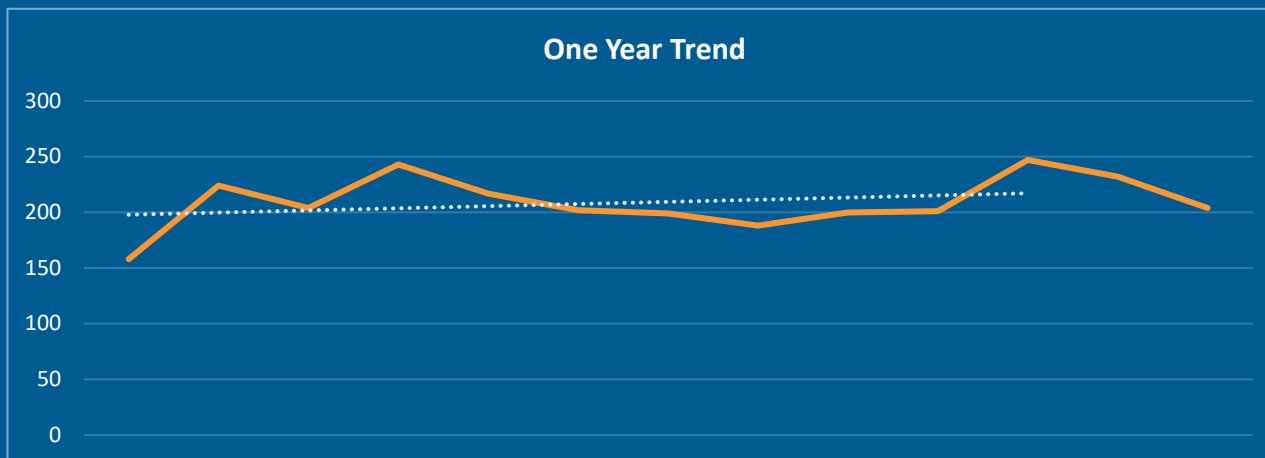
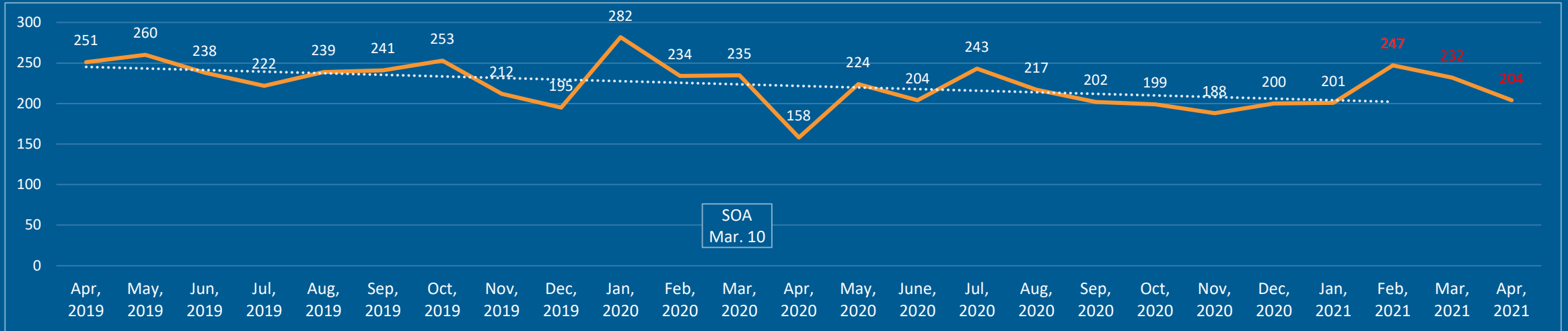


Source: NCDHHS • The NC Department of Health and Human services reports the average number of hours patients wait in emergency departments to be admitted to an open inpatient psychiatric bed at one of the state's three facilities.

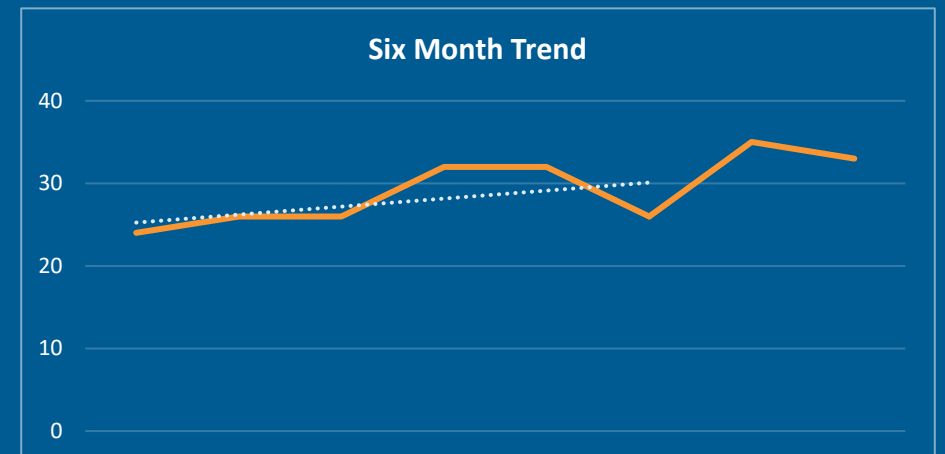
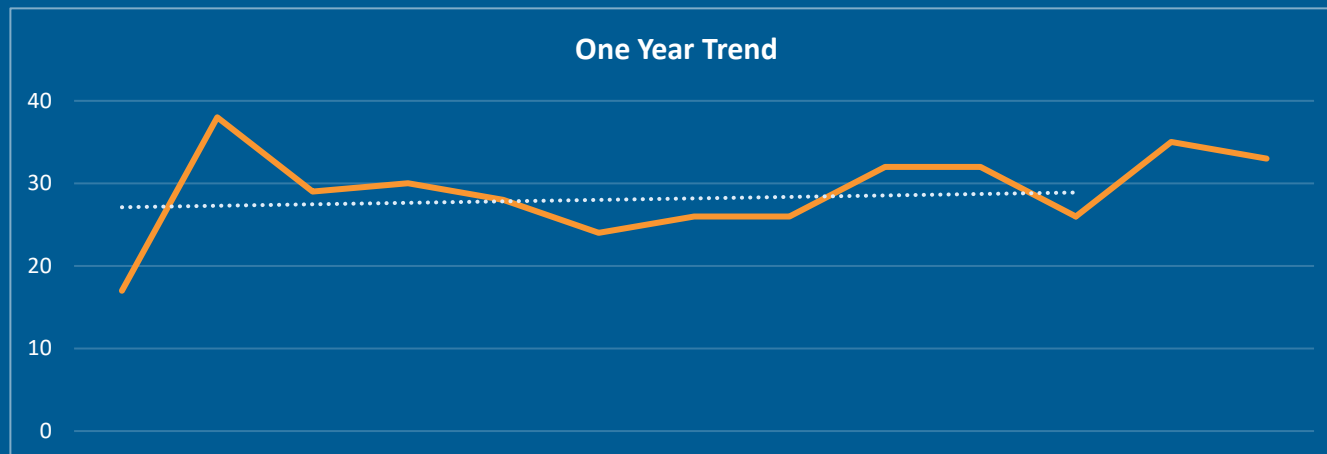
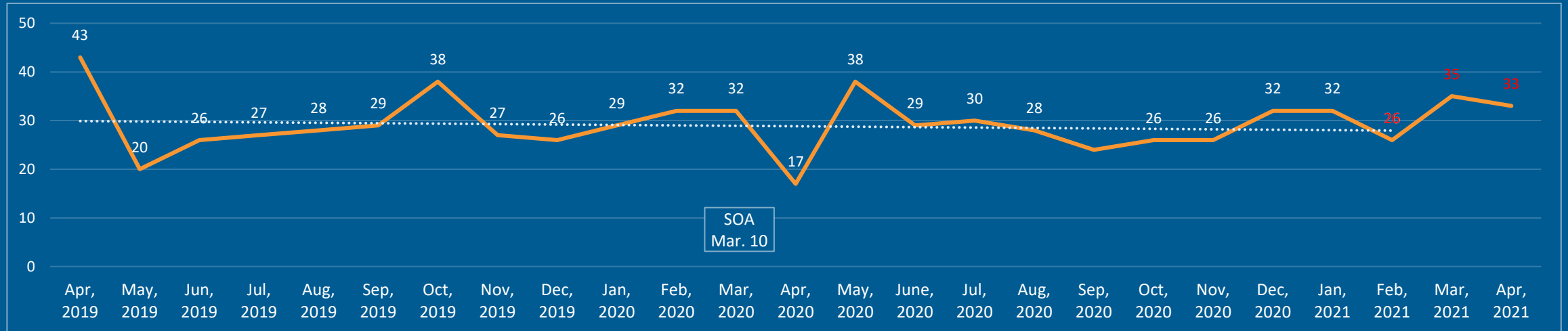
The total tally of patients includes both children and adults for all types of inpatient mental health services.

<https://www.northcarolinahealthnews.org/2021/06/25/behavioral-health-emergency-nc-health-organizations-ask-state-leaders-for-help/>

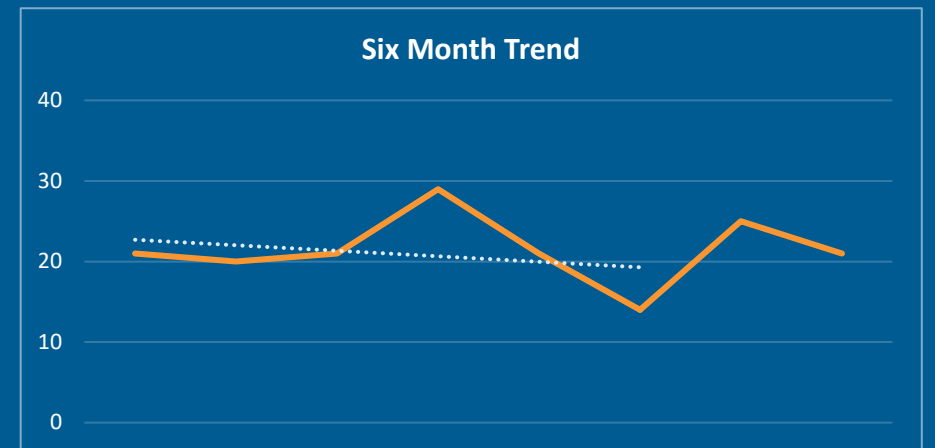
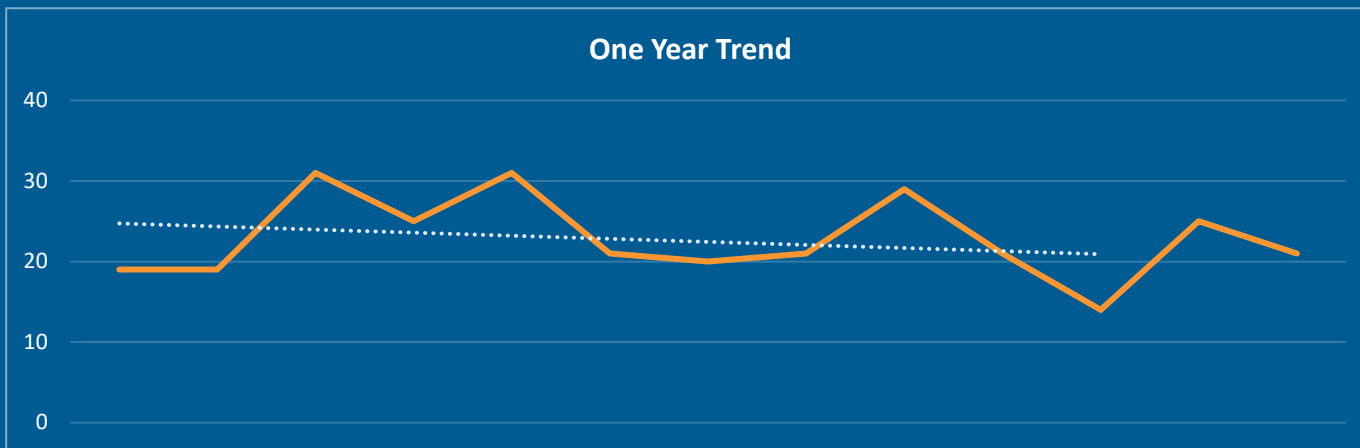
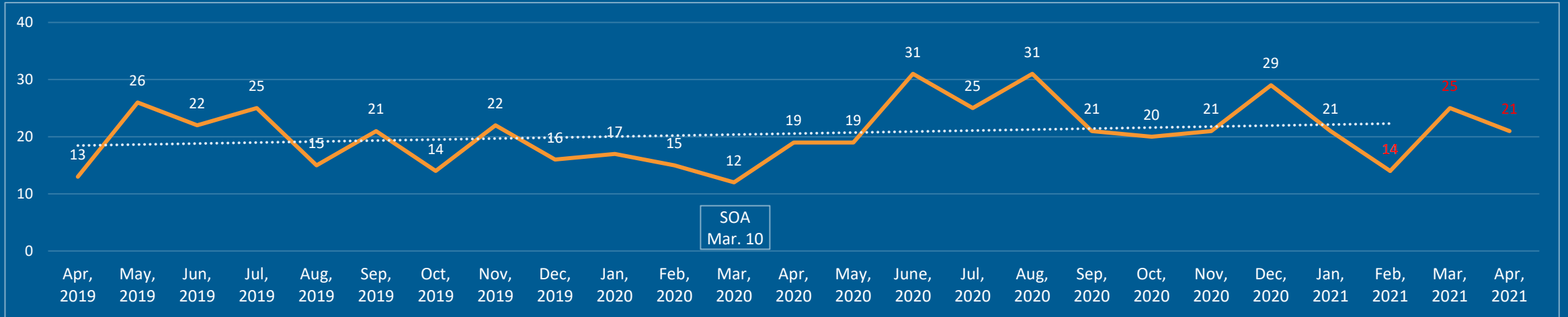
Medicaid Mental Health Admissions – April 2021



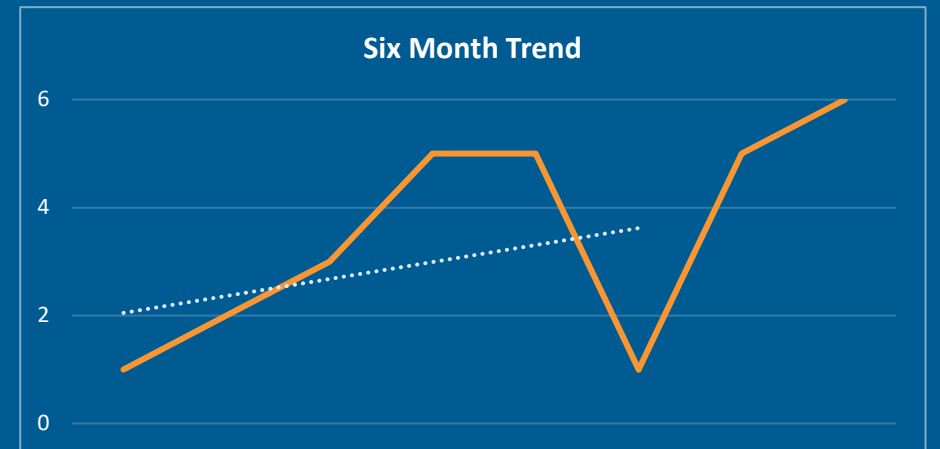
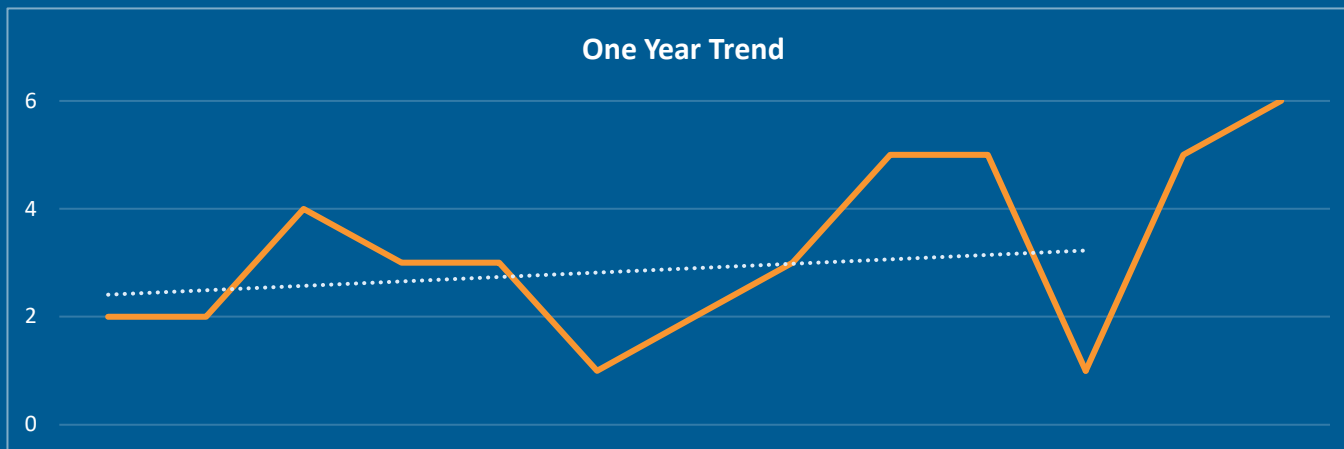
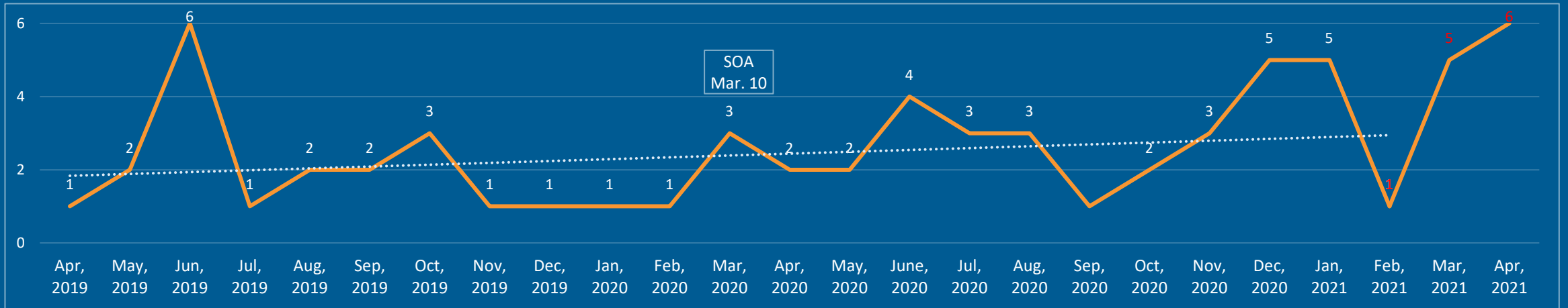
Medicaid Mental Health Re-admissions – April 2021



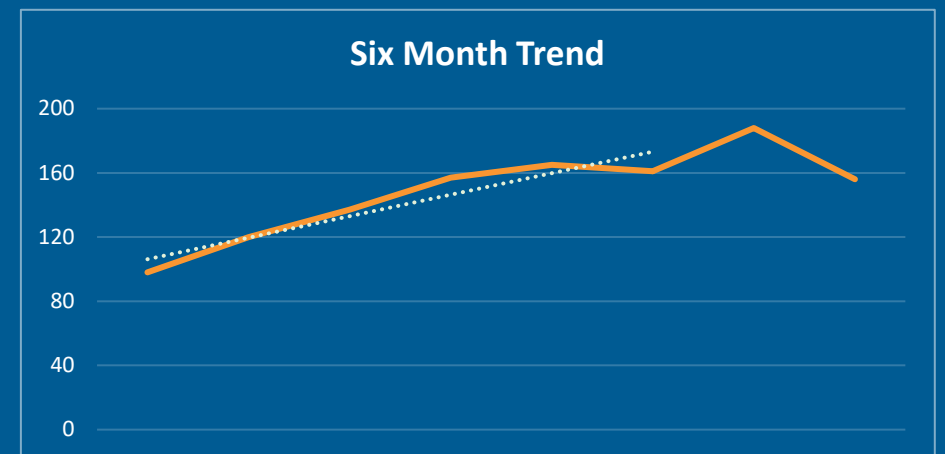
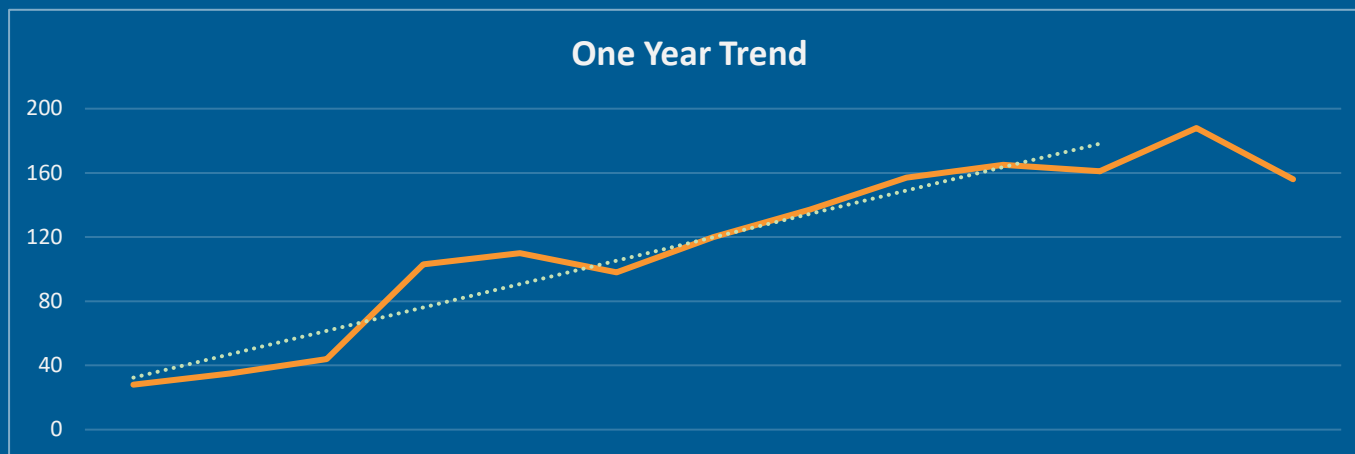
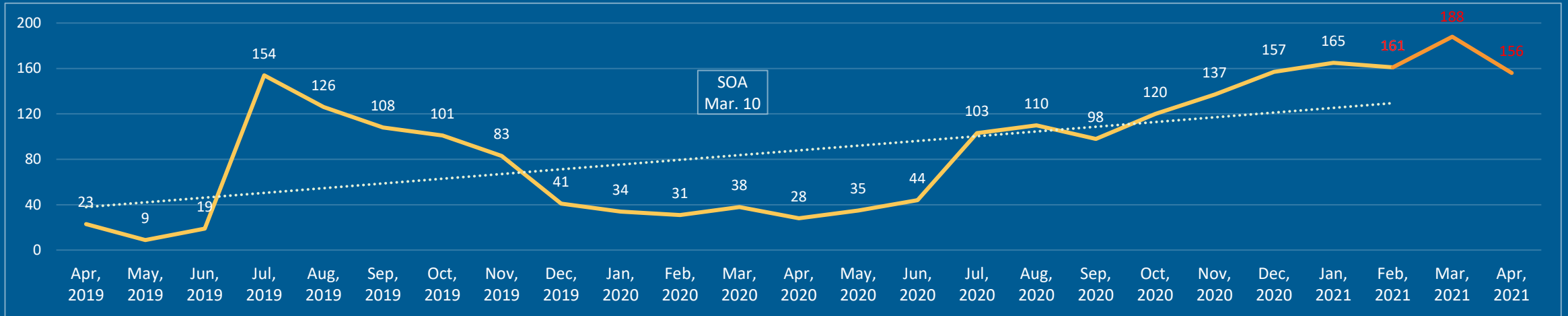
Medicaid Substance Use Admissions – April 2021



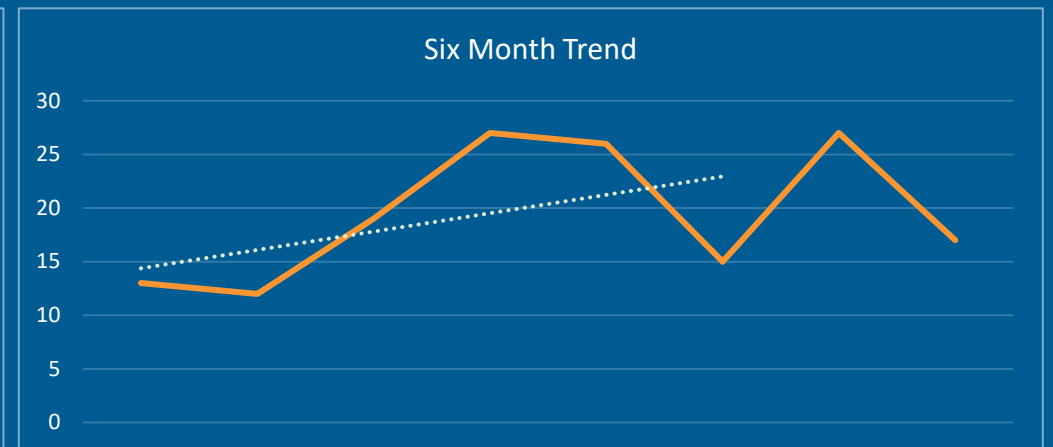
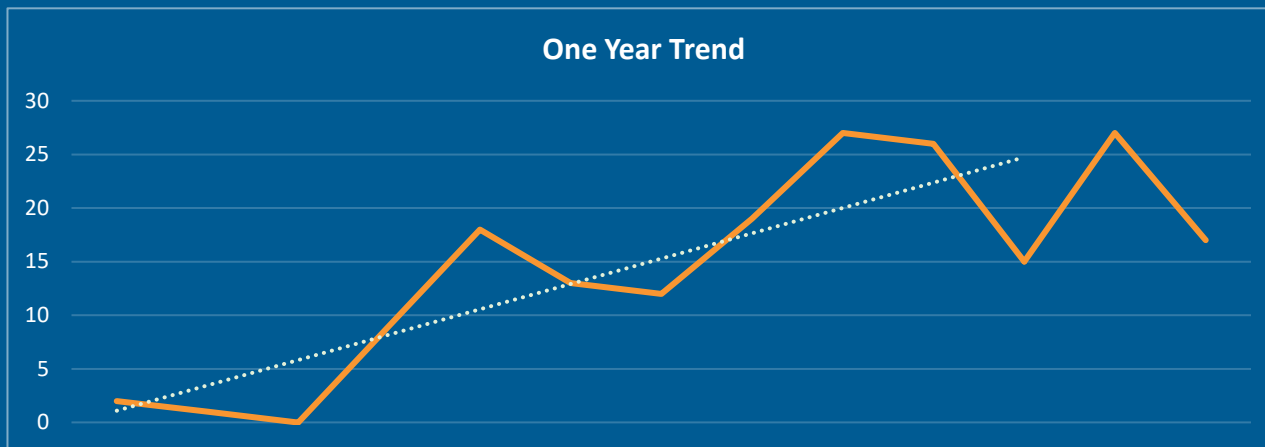
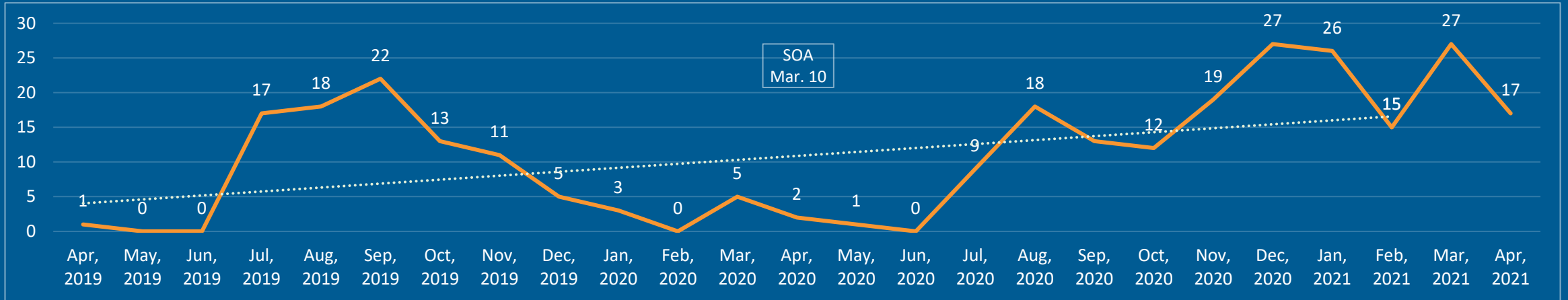
Medicaid Substance Use Re-Admissions – April 2021



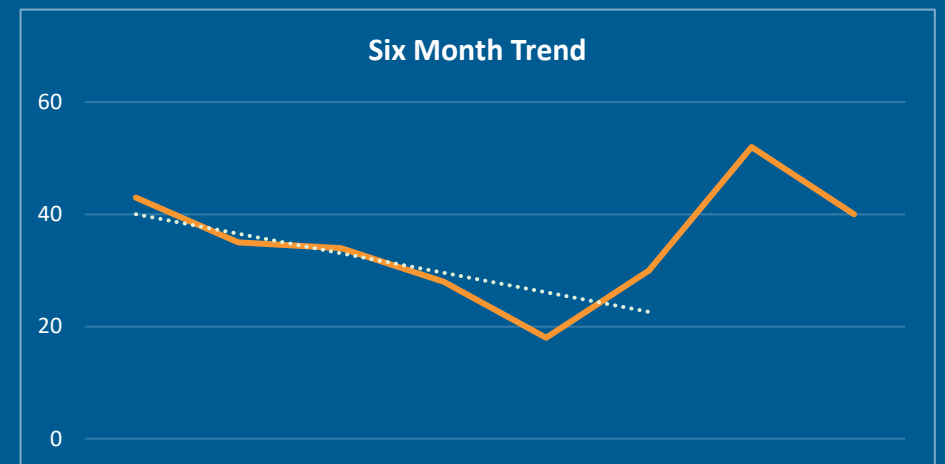
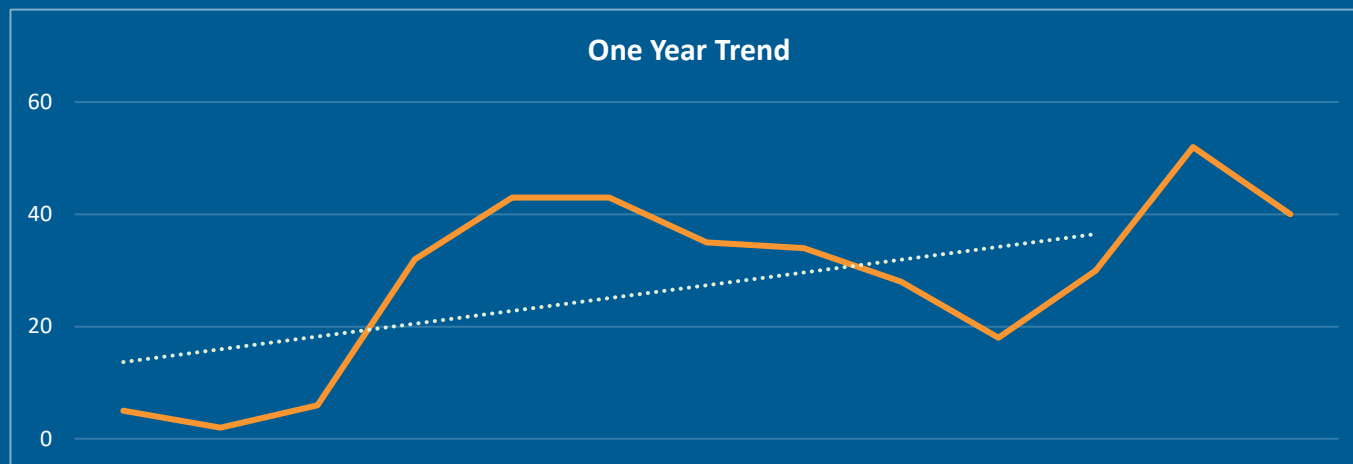
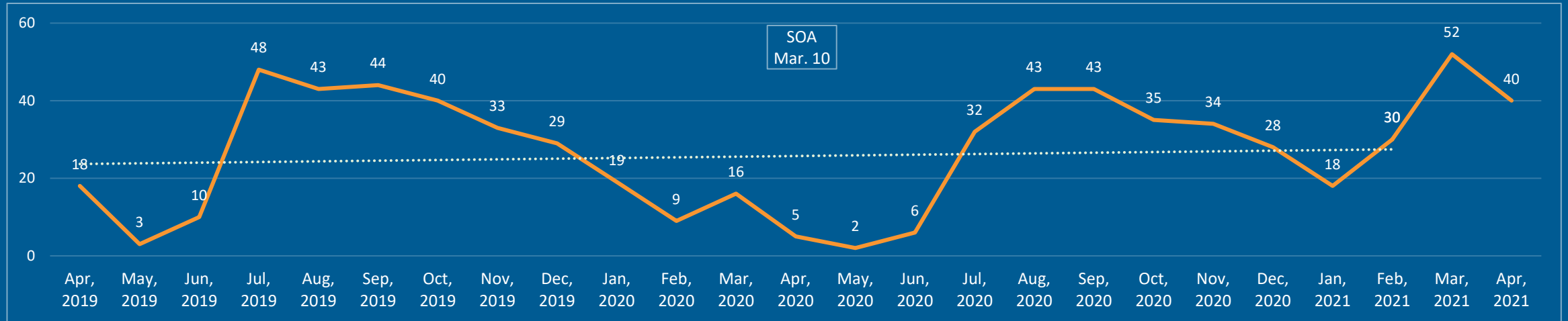
Non-Medicaid Mental Health Admissions – April 2021



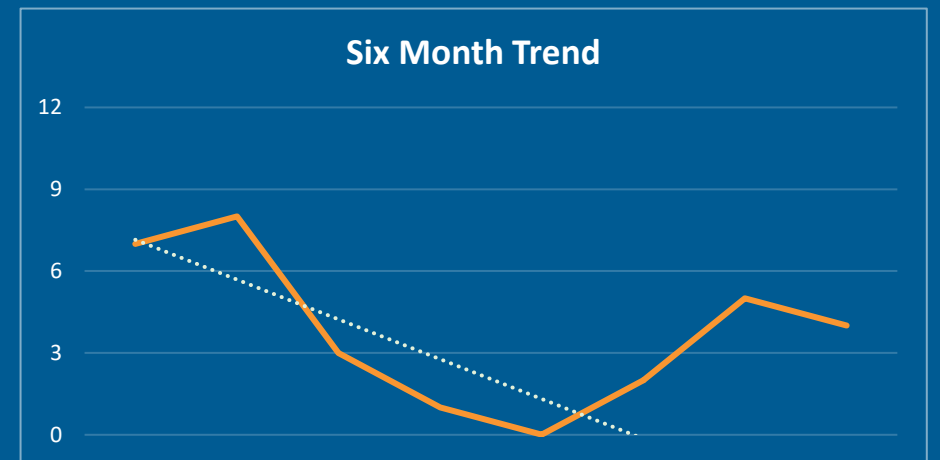
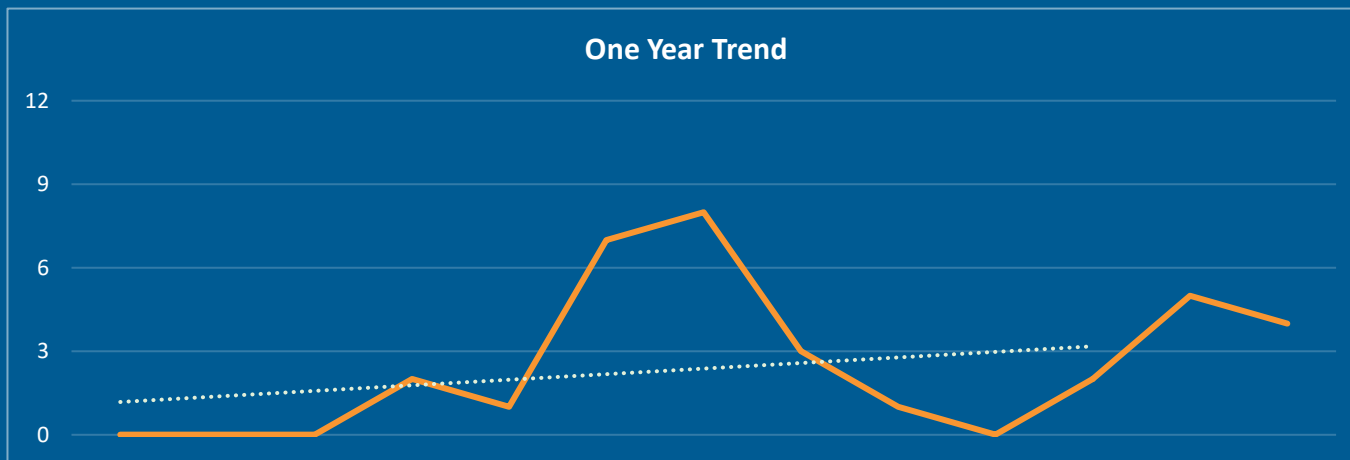
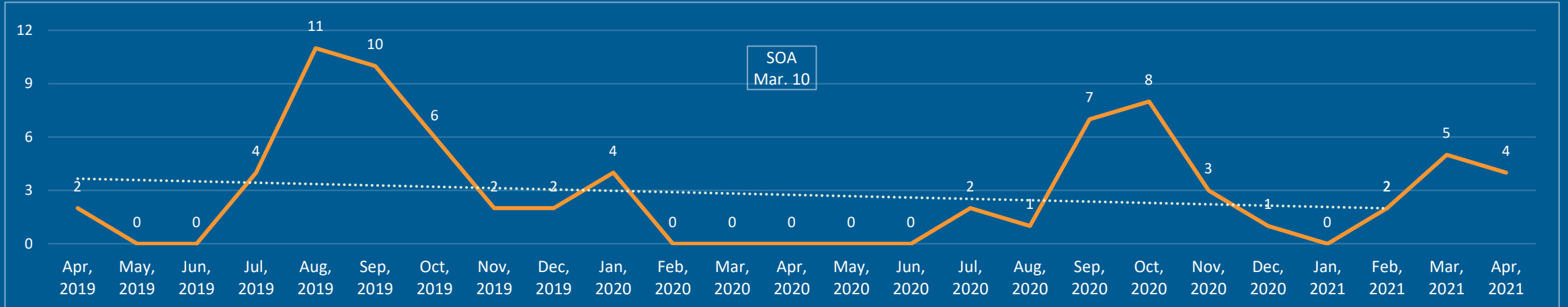
Non-Medicaid Mental Health Re-Admissions – April 2021



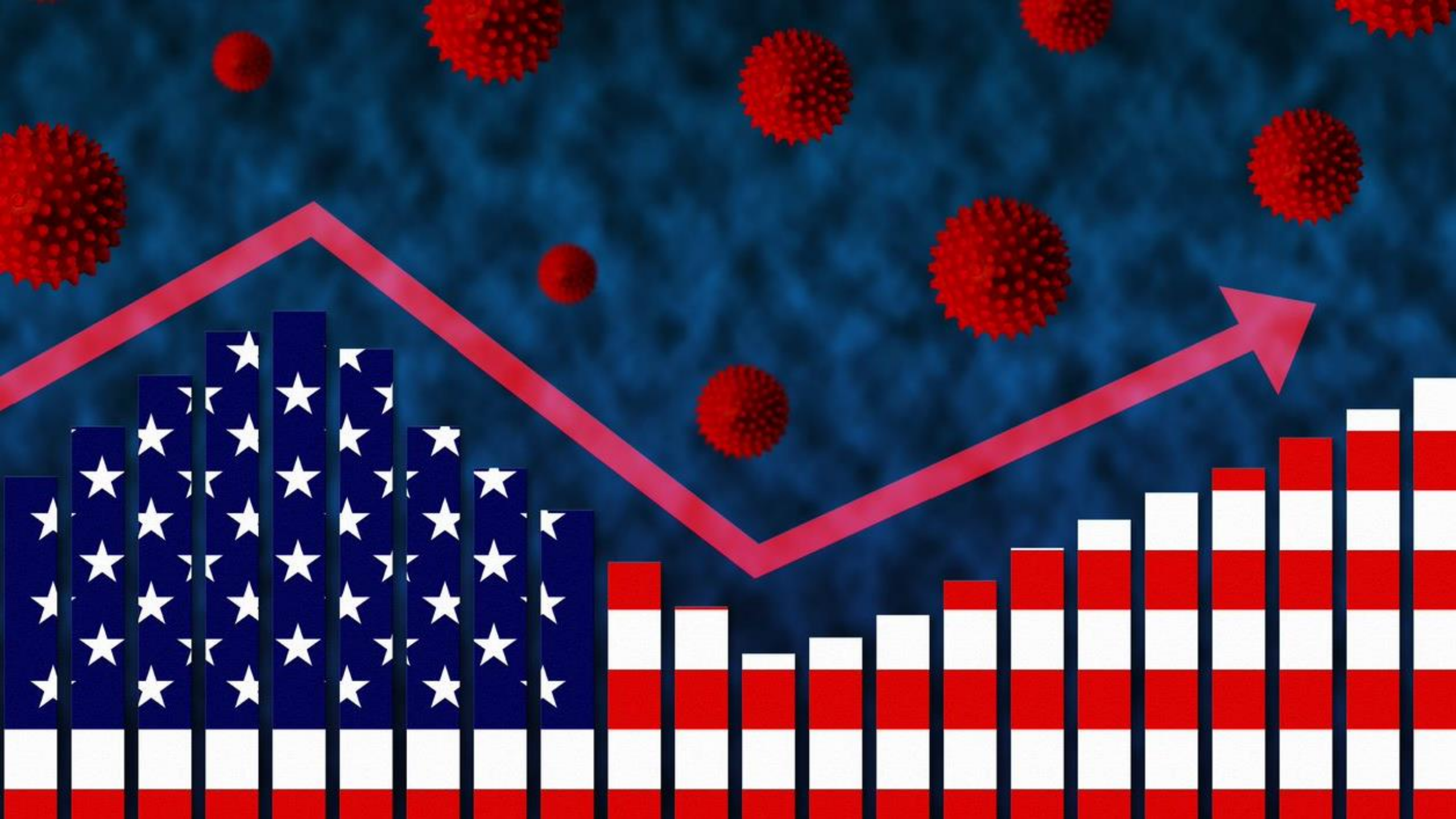
Non-Medicaid Substance Use Admissions – April 2021



Non-Medicaid Substance Use Re-Admissions – April 2021



There is clear evidence that the pandemic has not affected all Americans equally. As is often the case, unfortunately, the most vulnerable among us are also feeling the mental health effects most intensely. Job loss, housing instability, food insecurity and other risk factors for poor outcomes have disproportionately hit minority communities.



A Better Future via Telemedicine





Many mental health care providers made a rapid transition to phone- and computer-based telehealth, with widespread adoption across both private and public mental health systems.

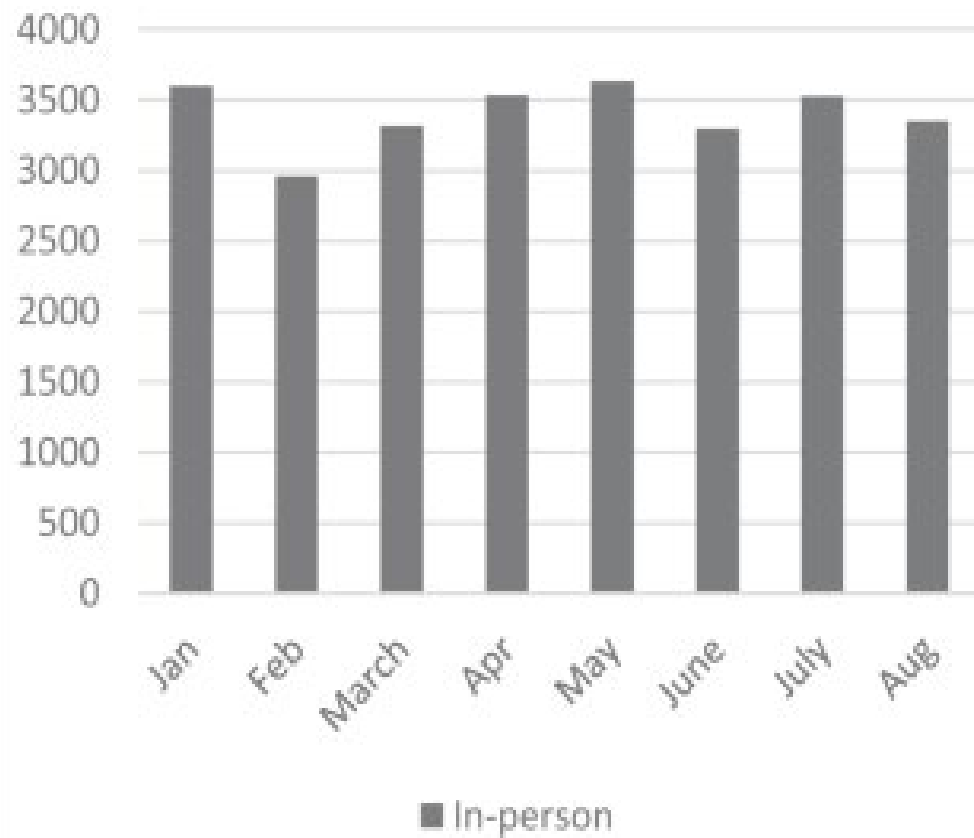
Telemedicine for treating mental health and substance use disorders: reflections since the pandemic

Alisa B. Busch, Dawn E. Sugarman, Lisa E. Horvitz & Shelly F. Greenfield;
Neuropsychopharmacology,
volume 46, pages 1068–1070 (2021)

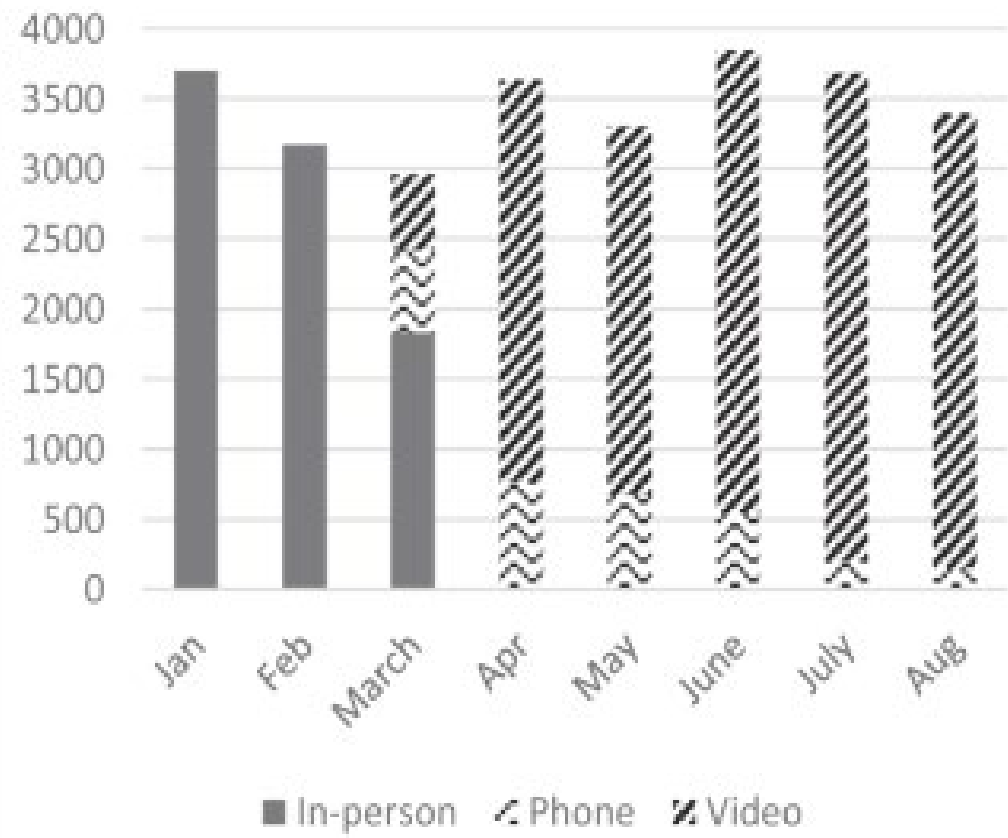
McLean Psychiatric Hospital (near Boston Mass.)

- 45,000 outpatient visits in FY 2019
- Telemedicine – **less than 1% of visits**
- Discontinued in-person outpatient services on March 16, 2020
- Switched to telemedicine within two weeks
- By April 2020, volume had rebounded to pre-pandemic levels.
- **41% of MH/SUD visits were by telemedicine in October 2020.**

2019



2020



What encouraged this change?

- Sweeping temporary changes in federal and state regulations and health plan reimbursement policies that reduced longstanding barriers
- Federal relaxation of HIPAA compliance for telemedicine
- Removal of the requirement for an initial in-person appointment to prescribe buprenorphine (prohibited under the Ryan Haight Act)
- Medicare coverage for audio-only telephone visits

What encouraged this change?

- Expanding the list of services and types of providers that could deliver telemedicine
- Expanding Medicaid telemedicine coverage policies
- Requiring commercial insurance parity for in-person versus telemedicine visits
- States allowing out-of-state providers to deliver care



Ongoing Challenges

- The “Digital Divide” (minorities, poor elderly)
- Internet access
- Clinician availability (state licensure issues) and full testing
- Patient/member preference (may need to get out of house)



Ongoing Challenges

- Meta-analyses describe telemedicine's effectiveness for depressive and anxiety disorders, but there is less evidence for SUDs or schizophrenia.
- Varying cognitive/physical challenges
- Mistrust of technology

Opportunities:

- MH/SUDs are considered to be particularly amenable to care via telemedicine, relative to other health care conditions
- Earlier research on the diffusion of telemedicine in Medicare found nearly 80% of telemedicine visits were for mental health conditions
- Eliminates transportation issues due to disability/geography
- More cost-effective for providers, with perhaps equivalent outcomes

“The mental health impacts of COVID-19 continue. From all that we know, it is clear these impacts will outlive the pandemic itself. Therefore, it is crucial that we work together to apply evidence-based strategies to support the mental health needs of all Americans and to make these strategies broadly available, especially in vulnerable communities.”

—*Joshua Gordon, MD, PhD, NIMH Director*





Mother Teresa on Kindness

“Let no one ever come to you without leaving better and happier.”

Steve Martin Playing the Banjo

<https://twitter.com/i/status/1241583637574725637>



Questions?

