

MENTAL HEALTH WEEKLY

Essential information for decision-makers

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Community mental health center providers in Oklahoma and Montana are working hard to keep staff safe and employees served amid the COVID-19 pandemic. Services include telehealth and teletherapy along with routine medication delivery. Among their concerns are the prolonged isolation periods and the impact on individuals with mental illness. . . . See top story, this page

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COVID-19 outbreak represents a new way of mental health service delivery

Increased mental health disorders, prolonged isolation, hospital bed adequacy, lost revenue and staff safety are among the myriad of concerns the field is dealing with in the wake of the COVID-19 epidemic. And for some staff, protective gear is in order.

Mental Health Weekly spoke last week to leaders of community mental health centers in Oklahoma and Montana, where some therapists and clinicians are working remotely

Bottom Line...

Mental health therapists and other staff have begun working remotely and using new and different tools and resources to address patients with mental illness.

and struggling to maintain their own safety while also providing care and treatment for patients with mental illness.

The CEO of Oklahoma's Family & Children's Services in Tulsa — the largest outpatient community mental health center in the state — knows all too well about the challenges facing staff during this outbreak. The organization meanwhile is actively seeking solutions. "For the mental health field, this is a big deal across the country," Gail Lapidus, ACSW, told *MHW*. "Mental health centers are going to be concerned with lost revenue, increased costs and the use of telehealth on certain platforms."

Lapidus added, "We have been gearing up for telehealth for quite

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Utah legislature approves millions to transform mental health crisis system

Utah legislators this month approved more than \$23 million in funding to provide better treatment options for people with mental illness, including the addition of mobile crisis centers and additional treatment beds.

Lawmakers and mental health advocates refer to the transformation of the state's mental health system as "monumental" and "historic," according to local news reports. "This will be a transformational shift," said Rep. Steve Eliason (R-Sandy), a lawmaker who spearheaded these efforts during the legislative session. "It's the biggest shift in treatment in, I'd say, 50 years, in terms of how we address mental health issues — and the biggest change in state history as it relates to

Bottom Line...

Bills to expand mobile crisis services and address the mental health workforce shortage are awaiting Utah Gov. Gary Herbert's signature.

people in crisis," the *Deseret News* reported.

HB 32, sponsored by Eliason, expands the mobile crisis outreach team grant program to fund additional mobile crisis outreach teams in certain counties. It also changes the name of the Mental Health Crisis Line Commission to the Behavioral Health Crisis Response Commission.

Among the bill's other provisions, it directs the Department of

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some time.” At the time of the *MHW* interview last week, Family & Children’s Services had, within a 48-hour period, sent 200 outpatient therapists to work from home, she said.

The range of services at the Tulsa-based organization includes adult and family counseling, adult outpatient services, child abuse and trauma services, and clinical training. Children & Family Services also offers psychiatric emergency walk-in services for adults with serious mental illness.

Clients with no computer service access will be able to receive services via the telephone, Lapidus said. “We’ve moved to virtually calling clients and scheduling appointments. We’re providing care to the community and doing what we can to decrease the risk of exposure,” she said.

“In a pinch, we were able to pivot rapidly to adapt to the pandemic crisis, keeping our staff safe and keeping our community served,” she said. “We are committed to our clients.” The organization has 750 employees, and about 1,200 to 1,500 individuals a day are served through the center’s different programs.

Its leadership team has been meeting day and night in order to transition from providing office-based, face-to-face treatment to

treating families via telehealth and avoiding service disruption, said Lapidus. “We’ve had to rely on the gifts and talents of our IT department,” she said. They played a big role in helping with the transition, Lapidus said.

“Other services, like bars, restaurants and some businesses, can close their doors, but we can’t,” said Lapidus.

Staying in business

How will mental health centers stay in business? In addition to ensuring staff are set up to work from home, Lapidus has equipped them with iPads and certain types of equipment needed at home, along with the necessary training to use them. Staff are provided with protocols on how to shift to working at home and about what is expected to happen between them and their clients. “We’re coming up with remote work policies,” she said.

Large gatherings have been canceled, of course, such as regular community education programs. “We are trying to abide by no large gatherings of more than 10 people,” said Lapidus.

They also plan to continue with their crisis care centers, which include 16-bed units, she noted. “We have an urgent recovery center and bed unit for the most vulnerable

persons who are a danger to themselves and others,” Lapidus noted. Providing those types of services cannot be done virtually, she said. “That operation is still active,” said Lapidus.

Safety is an important issue no doubt for staff at the recovery center, she noted. “We’re trying to get protective gear,” she said. They are awaiting approval for an N95 mask, which is fairly guaranteed to keep infections out, said Lapidus. They also are in short supply of face shields, she said. Employees are reminded to be careful. “We’re dealing with a vulnerable population that might be contagious,” she said. “We don’t know.”

“If you’re seriously sick, you’re going to need to be in the hospital,” Lapidus said. “The big concern in the country is if we will have enough beds for the most seriously ill.”

Dealing with the needs of the homeless population is also challenging, she noted. “They have no home to go to if they get sick,” Lapidus said. However, she added, “What is a safe place where they can be quarantined?”

Prolonged isolation

Lapidus expressed concerns about the effects of prolonged isolation on children, families and the elderly as “we are moving away

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from gyms, churches, recreation centers, play dates, yoga, bars and typical activities one engages in for relief from stress and anxiety.” Gatherings of teenagers have also stopped, she said. “This is affecting every single stage of life,” said Lapidus. “It’s all been taken away in one swoop.”

Lapidus added, “I worry about what effect it will have on people,” she said. “Tempers are flaring; there’s concern of domestic violence and child abuse increases during this isolation. There are also more chances of more depression and suicides rising, she noted. In response, Lapidus has prepared public care reminders, urging people to use apps or talk to family members, for example. “We’re trying to build up what we call in the field ‘protective factors,’ against this uncertainty that we don’t know when it will end,” she said.

She has also created a team to come up with ideas and information that can be sent to clients, including suggested therapies and treatment plans. Having conversations with clients is important. Clients may feel depressed and scared, she noted. “We have to do a little bit more preparation in the volatility that might happen in mood or behavior,” she said. She’s advising staff to start scanning the literature, sending out apps for people to use to cope with stress, and sending guidance from the mental health field. “People are being locked up at home; that’s a risk factor,” Lapidus said.

“I send out a daily coronavirus update to my employees,” she said. “It’s important to engage with employee groups as frequently as they can so there’s not a vacuum of information.” Lapidus sends daily emails to staff and copies the correspondence to the board.

Telehealth/teletherapy

Family & Children’s Services delivers some of its telehealth services in a virtual environment, Lapidus said. The services are provided by

doctors or psychiatrists. “Our clients with serious mental illness found it to be as effective as face-to-face” communication, she noted. Lapidus said she hopes that moving forward with teletherapy services will be just as positive.

Clients have not experienced teletherapy before, having been accustomed to services being delivered in a physical setting, she said. This is different, she noted. “It’s on a massive scale to have all of the therapists working from home and providing teletherapy services,” she said. “It’s going to be a big leap for providers and the people we serve.”

‘This is affecting every single stage of life.’ It’s all been taken away in one swoop.’

Gail Lapidus, ACSW, LCSW, LMFT

Montana mental health center

Barbara Mettler, executive director of the South Central Montana Regional Mental Health Center, like Lapidus in Oklahoma, observes that COVID-19 may bring on a lot more mental health issues down the road, even the potential for suicide — an impact that will be felt for many years.

During this pandemic, public health advisories are calling for social distancing, which only brings on another concern for the population with mental illness, said Mettler. Some people with mental health issues tend to isolate themselves to begin with, and throwing in the virus, something they don’t understand, only exacerbates their issues, said Mettler.

As part of the state’s Program for Assertive Community Treatment (PACT), staff deliver medications to patients with mental illness, she

said. There are currently 87 people on the PACT team in Billings. “Our folks go out twice a day, and this needs to continue,” she said.

Because of social distancing, staff continue to deliver the medication, but now they use their phones to call patients and leave it by their door, she said. “We wait until they pick it up; we can’t just leave it there,” said Mettler, adding that staff are sure to put appropriate space between themselves and the patients.

The organization has six satellite offices located throughout a 10-county area. The Billings site typically sees 40 to 50 appointments per day, she said. However, since the crisis began, patient visits have dwindled. On the day *MHW* interviewed Mettler, only four patients had shown up, she said. Many have called to see if the center is open. It still maintains its Monday through Friday, 8 a.m. to 5 (or 5:30) p.m. schedule, she said. The PACT team, however, works on Saturdays and Sundays and is on call 24/7, Mettler said.

“This is pretty concerning, especially if they’re not coming in to see the doctors, the prescribers,” Mettler said. It’s important for the doctors to see the patients in person to ensure they’re not experiencing symptoms or have signs that something is going on, she noted.

Meanwhile, the mental health center already provides telehealth services for patients, so it is not something new to initiate, said Mettler.

CMS memo

Mettler pointed to a recent memo by the Centers for Medicare & Medicaid Services (CMS), which is suspending its old rule temporarily, that patients on the receiving end of telehealth services had to be at one of the Montana center’s satellite offices. The new rule indicates that patients can now receive those services from home, said Mettler.

While many patients have phones, not many have access to computers, she said. “We’re hoping

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to hear [the CMS] will lift restrictions and say that patients can use their phones,” Mettler said.

Now that Medicare has lifted restrictions, Mettler said she hopes the state Medicaid department will follow suit. Typically, Medicaid does follow behind Medicare policy, she said.

Anxiety among patients with mental illness will undoubtedly increase, she said. So far, the state’s schools have closed until the end of March. Restaurants and bars are closing, although restaurants can provide

take-out, she said. “When you have those kinds of things going on — empty shelves, the need for more food — it increases anxiety,” she said.

Mettler added, “We’ll probably stay here as long as we can keep folks safe. If the governor declares that we can’t, we’ll have to close down.”

In Montana, and probably in most parts of the country, employees can receive the first two weeks of salary in full if they’re not in the office, noted Mettler. Afterwards, they will receive two-thirds of their salary for up to 12 weeks, she said.

After that, they can apply for unemployment insurance, she said. This may cause issues for employers, particularly nonprofits, she noted. “Without money in the reserve or in the bank, there’s not a lot of hope,” Mettler said.

Mettler said she’s waiting to hear if the coronavirus economic relief bill, which bolsters unemployment insurance, and provides three months of paid emergency care, will pass in the Senate.

“I hope we see the end of this soon,” added Mettler. •

New study finds link between alcohol use disorder, suicide

New research has found that alcohol use disorder (AUD) is a potent risk factor for suicide, underscoring the need for clinicians and physicians to be aware of suicide risk among patients with a history of AUD. The findings were published March 12 in the *American Journal of Psychiatry*.

The study, “Alcohol Use Disorder and Risk of Suicide in a Swedish Population-Based Cohort,” was led by researchers at Virginia Commonwealth University.

Researchers noted that suicide is a major public health concern, accounting for over 47,000 deaths in the United States in 2017 and representing the 18th-leading cause of death worldwide in 2016.

The research is the first in its use of the largest population-based study using a comprehensive dataset to examine AUD and the risk for suicide death, said Alexis C. Edwards, Ph.D., assistant professor in the Department of Psychiatry and also on the faculty at the Virginia Institute for Psychiatry and Behavioral Genetics at Virginia Commonwealth

Bottom Line...

Screening patients with alcohol use disorder should be a priority to determine if patients experienced suicide ideation or made plans to attempt suicide, said researchers.

University. “Studies in the past looked at the association between AUD and suicide risk, but none had access to the kind of data that we did,” she told *MHW*.

The research accounts for psychiatric comorbidity and further clarifies the potential familial confounding of the observed association, researchers stated.

“We chose to use the dataset from Sweden because Lund University represents a great place to do research,” Edwards said. They have a number of popular registries, she said, allowing researchers access to criminal, medical and pharmaceutical registries. Edwards noted that AUD could be diagnosed but identified cases of AUD can also be derived from pharmacy and criminal registries, she said. The data is helpful and provides a unique opportunity to assess risk, she said.

Given the co-occurrence of AUD with other psychiatric disorders, in conjunction with the risk of suicide conferred by affective and psychotic disorders, the nature of

the association between AUD and suicide has been difficult to establish, they stated. The observed associations may be due to a direct causal effect and/or to confounding factors that affect risk for both AUD and suicide, the research indicated.

Method

Swedish population registries with national coverage were used to determine cause of death, diagnostic status for psychiatric predictors and covariates or confounders, and sociodemographic covariates.

All native Swedish citizens born between 1950 and 1970 who had not died or emigrated by age 15 were included in the analyses. Observations began at age 15 and ended at death, emigration from Sweden or in 2012, the last year for which registry data was available. Individuals who died by suicide or had an AUD registration before age 15 were excluded, according to the research.

This study, completed in 2019 using Swedish population-based registries, had 2.2 million people in its sample.

“Researchers looked at two hypotheses: (1) What are the existing factors that jointly contribute to risk for AUD and death by suicide? and (2) AUD is a causal factor in increasing a person’s risk for suicide,”

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