Approaching Mental Health in America - Adapting Care and Identifying Opportunities

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My pronouns are she, her, and hers

Land Acknowledgement Statement: Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.
Agenda

• Examine stigma and how to create a culture that prioritizes mental health
  • Debate how to adapt services to an increasingly digital world
• Assess barriers to treatment for acutely affected or hard to reach groups and find ways to close gaps in mental healthcare
  • Discuss means of addressing isolation and trauma amid the looming pandemic
• Explore opportunities for mental healthcare providers and other stakeholders to collaborate
  • Learn from case studies and share best practice on successful partnership working and service delivery at the local, regional and state levels
• Understand the role stakeholders outside of the mental health industry can play in promoting mental health
  • Consider ways to overcome issues involving funding and insurance

Mental Health Priority
Mental Health Care BEFORE the Pandemic

- Already in a place of crisis (depression, anxiety, illicit drug use, and suicide rates increasing).
- Opioid pandemic.
- Provider shortages (for all licenses mental health professionals).
- Stigma among providers, self-stigma, community stigma.
- Growing inequities by geography, race, age, sexual orientation, gender, and insurance status.
- Low utilization (provider and consumer) of virtual visits (tele-mental health) and low reimbursements rates (if any at all) for virtual care.
Barriers to Care for Populations Experiencing Inequity

The agenda read “barriers to treatment” but prevention plays a crucial role. Similar barriers to care (prevention, treatment, and recovery) exist for “hard to reach groups” including:

1. Accessibility of care.
2. Adaptability of care.
3. Acceptability of care.

Accessibility

Individuals may have limited access to mental health care due to cost of services, insurance coverage, lower behavioral health literacy which allows mental health concerns to go unrecognized and/or untreated, narrowed clinic hours, and barriers to travel (including distance for rural communities as well as access to reliable transportation for individuals in rural and urban areas).
Accessibility: During a Global Health Pandemic

• At-risk patients concerned about visiting available providers.
• Transportation concerns (including public transit concerns and availability).
• Tele-mental health not an accessible option for all residents due to limited broadband access (many rural and tribal populations lack access).
  • 58% of rural residents believe access to high speed internet is a problem in their area — in contrast to 13% in urban areas and 9% in suburbs
• Need to be mindful of the myriad of changes to tele-health practices and billing as well as tech-literacy.

Availability

County-Level Estimates of Mental Health Professional Shortage in the United States report higher levels of unmet need for mental health professionals in counties that are more rural, lower income, and racially diverse (to include tribal land).
Availability: During a Global Health Pandemic

- Fewer providers working, or working fewer hours.
  - Home schooling, adapting to work from home, competing demands, etc.
- Increased need and demand for services which impacts availability.
- CDC guidelines influencing how in-person visits need to occur and time spent with patient(s) virtually which impacts availability.

Note: Alaska and Hawaii not to scale.
HRSA scores HPSAs on a scale of a whole number (0-25 for mental health), with higher scores indicating greater need.

Acceptability

Groups of individuals already experiencing mental health care inequity are likely to experience self-stigma, fear, or embarrassment related to seeking out mental health care. When implementing mental health programs, community members and mental health care providers should consider how stigma may impact access and use of mental health services among a given group of people. Lower health literacy and not recognizing the signs of various mental health issues can also serve as barriers to behavioral health care utilization and acceptability of services.

Acceptability: During a Global Health Pandemic

• Not recognize symptoms as a mental health concern, but result of quarantine or physical distancing.
• May downplay feelings and concerns.
• Ongoing experience of self-stigma, fear or embarrassment related to seeking out mental health care.
NEED is Evident

The Washington Post

Democracy Dies in Darkness

The coronavirus pandemic is pushing America into a mental health crisis

Anxiety and depression are rising. The U.S. is ill-prepared, with some clinics already on the brink of collapse.

Mental health and psychosocial well-being during the COVID-19 pandemic: the invisible elephant in the room

Akaninyene Otu, Carlo Handy, Charles and Sanni Yaya

COVID-19 Exposes the Cracks in Our Already Fragile Mental Health System

John Auerbach MBA, and Benjamin F. Miller PsyD

American Journal of Public Health, 08 Apr 2020, e1-e2
DOI: 10.2105/ajph.2020.305699 PMID: 32271609
Calls to US helpline jump 891%, as White House is warned of mental health crisis

Some federal officials worry the U.S. isn’t prepared to meet nation’s needs.

Are crisis lines meeting new mental health needs?

So far, yes, though that might change as the pandemic continues, psychologists say.

Crisis counselors, the ‘paramedics of mental health,’ wage a wrenching battle on the coronavirus front lines

PROJECTED DEATHS OF DESPAIR
from COVID-19

RISKS OF PANDEMIC

Economic Recovery
Unemployment
Isolation

TARGET PROBLEMS

Drug use
Alcohol abuse
Suicide

Opportunities

Increased attention around mental health (and tele-mental health care) need among new groups, including:

- Media
- Schools
- Primary care
- Parents
- Funding agencies
- Not-for-profits
- Long-term care
- Payers
- Federal government
- Policy makers
- Clergy
- Primary care
- Agricultural groups
- Public health

Local and Statewide Response: North Dakota
COVID-19 Behavioral Health Modules

There is a growing need for scientifically and clinically valid information to assist the public in gaining awareness of potential behavioral health issues in the current pandemic. This includes information on how to manage stress effectively and seek behavioral health assistance when needed. We understand that members of our community are being bombarded with information coming from a variety of different sources. The following information, which has been collected by trained members of our partnership team, is meant to provide members of our community with reliable information, tips, and resources for managing behavioral health concerns during (and following) the COVID-19 pandemic.

Behavioral Health: Impact of COVID-19 →
Stress & Coping: Coping with Stress, Worry, Grief, and Loss →
Caring: Self-Care and Caring for Loved Ones →
Support & Treatment: Considerations, Need, and Behavioral Health Resources →
Healthcare Providers: COVID-19 and Behavioral Health →
Next Stage of the Behavioral Health Bridge

- Access to self-administered, interactive, mental health screening tools (evidence-based)
  - Depression
  - Alcohol use
  - Illicit drug use
  - Anxiety
  - Post-Traumatic Stress Disorder (PTSD)
- Connection to tele-mental health
- Q&A with a behavioral health clinician
Mental Health Technology Transfer Centers

- Years of research and knowledge of evidence-based practices show that well-designed mental health prevention, treatment, and recovery support efforts are effective and can have multiple benefits for individuals with mental disorders.
- The purpose of the MHTTC Network is technology transfer - disseminating and implementing evidence-based practices for mental disorders into the field.
- Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office.
Collaborative COVID-19 Response

- Mountain Plains Mental Health Technology Transfer Center (MHTTC)
  - Building Telehealth Capacity: mhttcnetwork.org/centers/mountain-plains-mhttc/telehealth-resources
- Mid-America MHTTC and Addiction Technology Transfer Center (ATTC)
  - TLC Tuesdays: mhttcnetwork.org/centers/mountain-plains-mhttc/telehealth-resources
- MHTTC National Coordinating Office

Sample: MHTTC COVID-19 Resources

- Mental Health Resources for College and University Faculty and Staff to Support Student Mental Health During COVID-19
- Mental Health Resources for K-12 Educators During COVID-19
- Mental Health Resources for Parents and Caregivers During COVID-19
- Telehealth Learning and Consultation (TLC) Tuesdays
- Session one: Changing the Conversation about Mental Health to Support College Students During a Pandemic
- Session two: Campus Mental Health: How do we Come Back to the New Normal?
- Tips for Educators: Supporting Parents During this Pandemic
- Psychosocial Impacts of Disasters: Assisting Community Leaders
Sample: MHTTC COVID-19 Resources

- Farm Stress: Facts, Impact of COVID-19, and Resource and Training Needs of Mental Health Care Providers
- Student Mental Health During COVID-19: How to Prepare as Schools Reopen
- Self-Care Through the Summer
- Resources for Primary Care Providers Experiencing Stress Related to COVID-19 or Other Health Care Crises
- Telehealth Learning and Consultation (TLC) Tuesdays Webinar Series
- Telehealth Toolbox for School Personnel
- HHS Region 7 COVID-19 Resources

Sample: MHTTC COVID-19 Resources

- Responding to COVID-19 | Grief, Loss, and Bereavement
- Responding to COVID-19 | Intimate Partner Violence (IPV) and Child Abuse
- Responding to COVID-19 | Mental Health Disparities
- Responding to COVID-19 | School Mental Health
- Responding to COVID-19 | Telehealth
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- Responding to COVID-19 | School Mental Health
- Responding to COVID-19 | Telehealth

Summary

- Mental health care access was a concern prior to the pandemic for all demographic groups.
- Mental health inequities have been exasperated by the pandemic.
- Providers and community groups are in need of additional training on how to address growing mental health needs through collaboration.
- New community groups are eager to learn more about how they can collaborate to address mental health concerns:
  - Media
  - Schools
  - Primary care
  - Parents
  - Primary care
  - Payers
  - Federal government
  - Policy makers
  - Clergy
  - Agricultural groups
  - Funding agencies
  - Not-for-profits
  - Long-term care
  - Public health
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