National Association of State Mental Health Program Directors Annual Meeting

Sept 2021

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Project Supported through the Center for Mental Health Services/Substance Abuse and Mental Health Services Administration of the Department of Health and Human Services through the 2021 Technical Assistance Coalition of the National Association of State Mental Health Program Directors.

Dr. Pinals consults and advises to state and other government entities as well as organizations in addition to her teaching role. The views in this report do not necessarily reflect those of any governmental or other entity with whom she is affiliated.

Acknowledgements

- **Elizabeth Sinclair Hancq, MPH**
- **Ms. Malkah Pinals**
- **NASMHPD TEAM!**

Mental illness and [intellectual and developmental disabilities]
are among our most critical health problems.

President John F. Kennedy
Special Message to Congress
February 5, 1963

They occur more frequently, affect more people, require more prolonged treatment, cause more suffering by the families of the afflicted, waste more of our human resources and constitute more financial drain … than any other single condition.

2017

The Problem: Everyone seems to be burdened, backlogged, and waiting….for "Beds"

The Charlotte Observer

81°

FULL MENU NEWS SPORTS ENTERTAINMENT REAL ESTATE

NEWS

JULY 10, 2017 4:45 PM

Mental health problems put stress on emergency rooms

BY NORA DOYLE-BURR
Valley News

RANDOLPH, VT. — It's no secret that both New Hampshire and Vermont lack a sufficient number of beds for people suffering mental health … hospitals to serve as holding stations while patients … appropriate facility.

The New York Times — N.Y. / Region

WORLD | U.S. | N.Y. / REGION | BUSINESS | TECHNOLOGY | SCIENCE | HEALTH | SPORTS | OPINION

SYSTEM TO TREAT MENTAL PATIENTS IS OVERBURDENED

By JOSH BARBANEL
Published: February 22, 1988

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Correction Appended

Overcrowding at municipal psychiatric wards in New York City has reached record levels, according to city doctors, who say they fear that the mental-health system is heading for a collapse.

"The system is moving toward disaster," said the director of psychiatry at Kings County Hospital Center in Brooklyn, Dr. Martin Kesselman. "We can no longer give reasonable assurances of the safety of patients or staff in our emergency room."

At one point last week, each of the 1,160 adult psychiatric beds in the city's 11 municipal hospitals was filled, while 108 additional patients, some handcuffed to wheelchairs for days at a time, were crammed into wards, hallways and emergency rooms.

Upsurge in Patients

The overcrowding is the latest in a series of episodes that have troubled a costly, fragmented and, by most accounts, backward mental-health system since the state emptied many of its long-term psychiatric wards in the 1950's and 1960's.

MENU

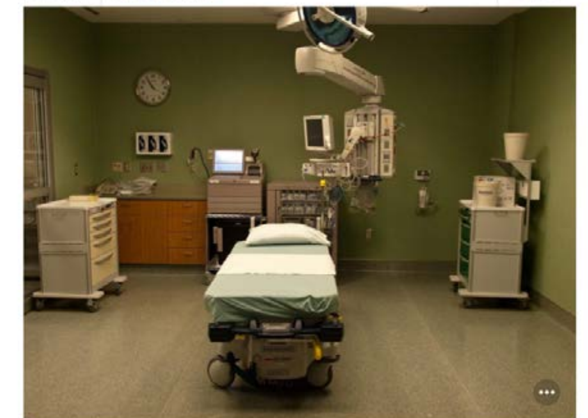
NEWS 13 WLOS

Mental hospital filled with inmates, while other patients wait for help

by Kimberly King

Patients Wait Hours, Days As Demand For ER Psychiatric Beds Grows

June 05, 2017 By Deborah Becker



For five straight days this spring, Patty — who doesn't want her last name used to protect her son's privacy — sought refuge in the chapel at Heywood Hospital in Gardner. That's where her 28-year-old son Eric had been waiting for a psychiatric treatment bed.

Beyond Beds

The Vital Role of a Full Continuum of Psychiatric Care

October 2017

2017 Recommendations:

1. The vital continuum
2. Terminology
3. Criminal and juvenile justice diversion
4. Emergency treatment practices
5. Psychiatric beds
6. Data-driven solutions
7. Linkages
8. Technology
9. Workforce
10. Partnerships

BOLD GOAL 100% 2018

- Availability of early screening, identification and timely response after the onset of mental illness symptoms in youth and adults
- Access to effective medication and other evidence-based therapies for individuals with psychiatric conditions
- Compliance with legal requirements for health care networks to make the full continuum of psychiatric care accessible to patients
- Access without delay to the most appropriate 24/7 psychiatric emergency, crisis stabilization, inpatient or recovery bed
- Diversion from arrest, detention or incarceration when individuals with mental illness intersect with the justice system and can be appropriately redirected
- Homeless people with serious mental illness permanently housed
- Suicides prevented

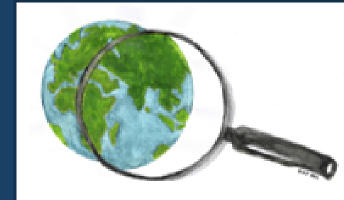
Seven Breakthrough Strategies to Improve Mental Illness Outcomes

NASMHPD

National Association of State Mental Health Program Directors 2019 Annual Conference

NINE THEMES INCLUDING:
8. Disaster response and opportunity for sustained improvement
9. Mental Health as part of Public Health

BEYOND THE BORDERS:



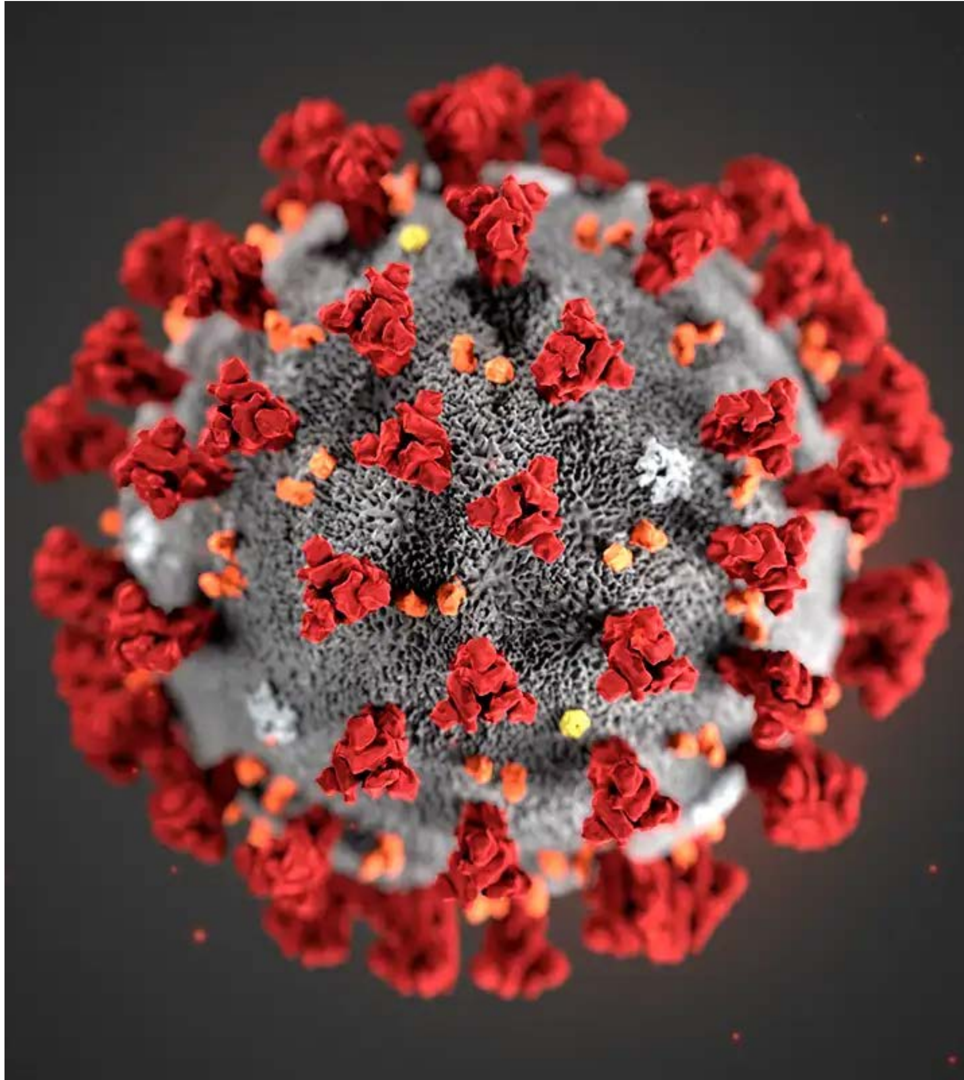
Lessons from the International Community to Improve Mental Health Outcomes

NASMHPD

AUGUST 2019

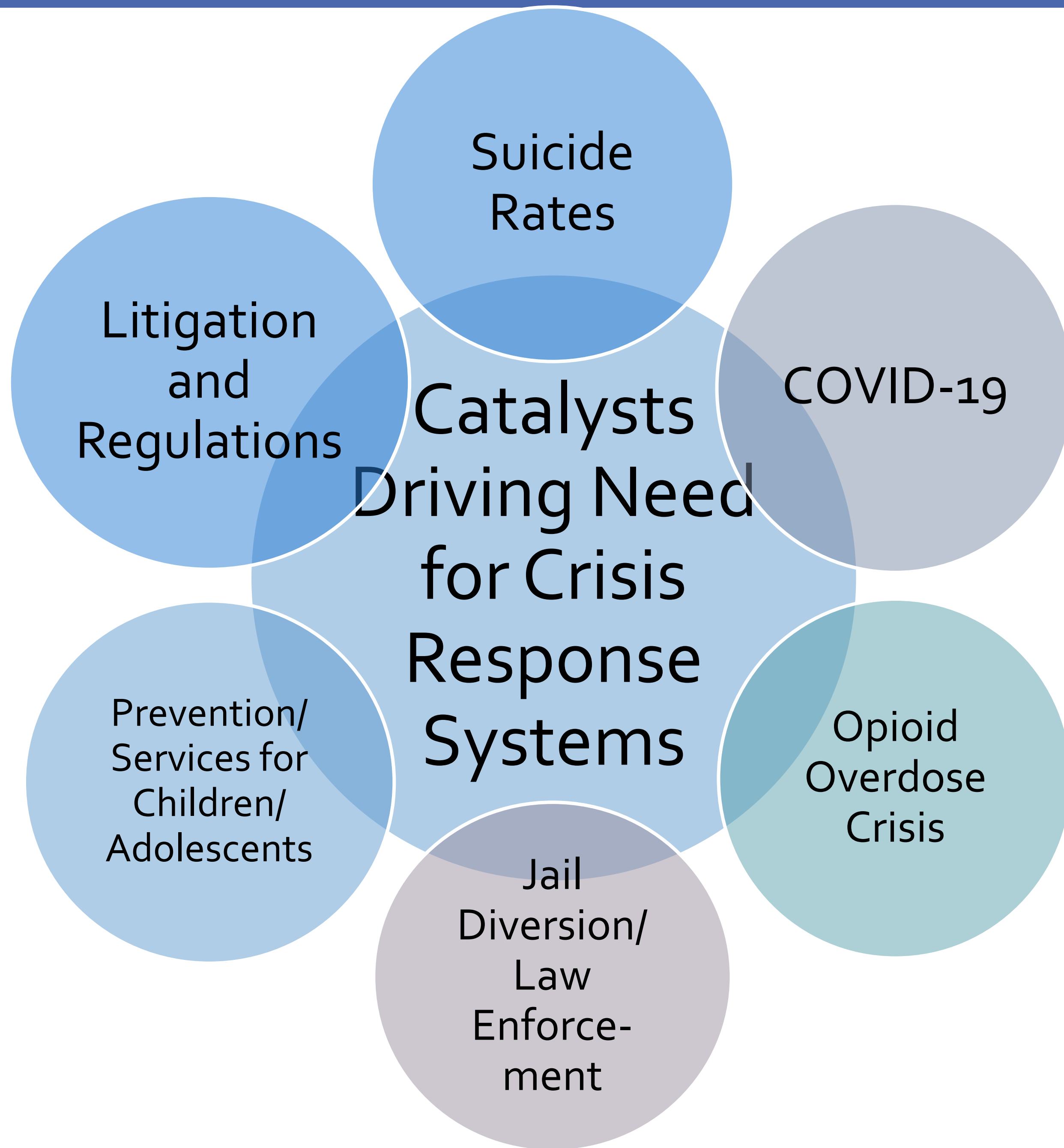
Before COVID-19

- Release of the National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit by SAMHSA Feb 2020



COVID-19 AND RAPID SYSTEM SHIFTS

NASMHPD 2020: CRISIS SERVICES: LOOKING AHEAD



READY TO RESPOND

The Promise of 988

- FCC passes “9-8-8” in July 2020
- States receive 988 planning grants
- 988 activities ramp up over the year

Beyond Beds Recommendations

Beyond Beds

Recommendation #1: The Vital Continuum

Prioritize and fund the development of a comprehensive continuum of mental health care that incorporates a full spectrum of integrated, complementary services known to improve outcomes for individuals of all ages with serious mental illness.

Beyond Beds

Recommendation #3: Criminal and Juvenile Justice Diversion

Fund and foster evidence-based programs to divert adults with serious mental illness and youth with serious mental illness or emotional disorders from justice settings to the treatment system. These programs should operate at all intercept points across the sequential intercept framework and be required to function in collaboration with correctional and other systems.

Beyond Beds

Recommndation #10: Partnerships

Recognize the vital role families and non-traditional partners outside the mental health system can play in improving mental health outcomes and encourage and support the inclusion of a broader range of invited stakeholders around mental illness policy and practice.

Beyond Beds

Recommendation #9: Workforce

Initiate assessments to identify, establish, and implement public policies and public-private partnerships that will reduce structural obstacles to people's entering or staying in the mental health workforce, including peer support for adults and parent partners for youth and their families. These assessments should include but not be limited to educational and training opportunities, pay disparities, and workplace safety issues. The assessments should be conducted for the workforce across all positions.

Beyond Beds

Recommendation #8: Technology

Create and expand programs that incentivize and reward the use of technology to advance care delivery, promote appropriate information sharing, and maximize continuity of care. Policymakers should require as a condition of such incentives that outcome data be utilized to help identify the most effective technologies, and they should actively incorporate proven technologies and computer modeling in public policy and practice.

TAKING STOCK: KEY AREAS OF FOCUS THAT WILL SHAPE FUTURE OUTCOMES

Moving from Beyond Beds to Beyond Crises and to a Full Continuum of Psychiatric Care

Top Three *Beyond Beds* Recommendations from State Mental Health Leaders (n=25)

	Recommendations where significant progress has been made	**Recommendations where more progress is needed**	**Recommendations more important after COVID-19**
First	The Vital Continuum	The Vital Continuum	Workforce
Second	Criminal and Juvenile Justice Diversion	Workforce	The Vital Continuum
Third	Partnerships	Criminal and Juvenile Justice	Technology

- “The pandemic has highlighted many issues including the shrinking workforce. This must be a priority or everything else will fall short.”
- “It would be helpful if federal agencies worked together to plan strategically. Funding has been initiated in one-time funds with many limits as to what can be paid for. Some laws put out co-responder models and others support mobile crisis.”

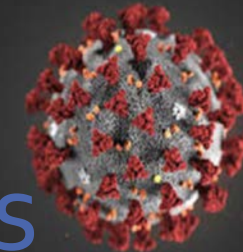
Identified Barriers to 988 Implementation from State Mental Health Leaders (n=25)

	Count	% of respondents
Workforce shortages	16	64%
Rural/geographic concerns for mobile crisis	13	52%
Technology/IT	9	36%
Not enough crisis system infrastructure	9	36%
Lack of funding	8	32%
Meeting needs of diverse populations and geographies	6	24%
Insufficient crisis bed capacity	4	16%
Ensuring 24/7 availability	3	12%
Limited collaboration across law enforcement, emergency medical and mental health systems	3	12%
Legislative barriers	2	8%

TAKING STOCK: KEY AREAS OF FOCUS THAT WILL SHAPE FUTURE OUTCOMES

Surveys Regarding the Emotional Impact of the COVID-19 Pandemic

Collective Emotional Responses to Disasters



- **EMOTIONAL PHASES OF A DISASTER: COLLECTIVE REACTIONS**

Adapted from Zunin & Myers as cited in DeWolfe, DJ 2000 (HHS publication No. ADM 90-538)

During late June, 40% of U.S. adults reported struggling with mental health or substance use*

ANXIETY/DEPRESSION SYMPTOMS

31%

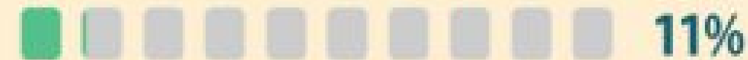
STARTED OR INCREASED SUBSTANCE USE

13%

TRAUMA/STRESSOR-RELATED DISORDER SYMPTOMS

26%

SERIOUSLY CONSIDERED SUICIDE†



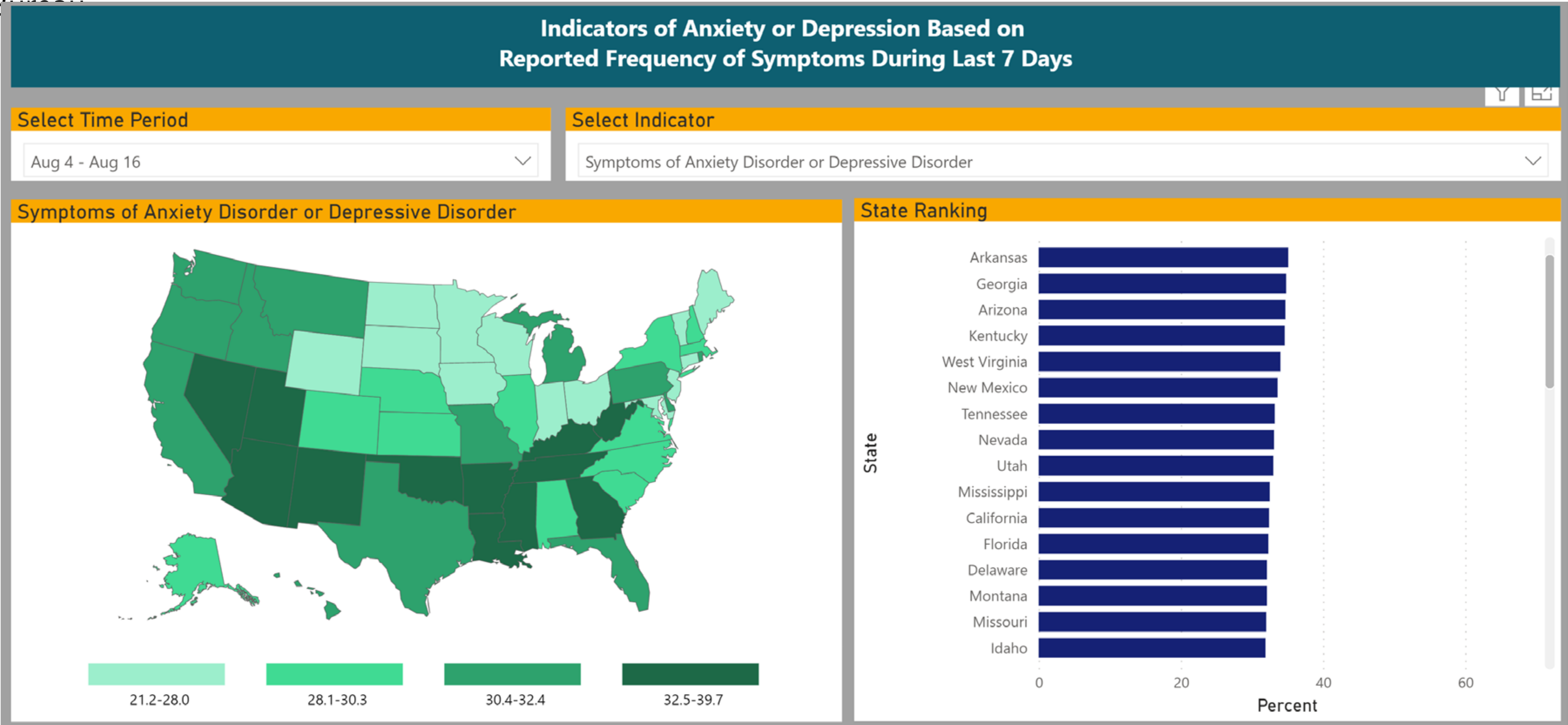
11%

*Based on a survey of U.S. adults aged ≥18 years during June 24-30, 2020

†In the 30 days prior to survey

For stress and coping strategies: **bit.ly/dailylifecoping**

Household Pulse Survey CDC/US Census Bureau



https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm

- Survey of 26,174 state, tribal, local and territorial public health workers

Morbidity and Mortality Weekly Report (*MMWR*)

CDC

Symptoms of Depression, Anxiety, Post-Traumatic Stress Disorder, and Suicidal Ideation Among State, Tribal, Local, and Territorial Public Health Workers During the COVID-19 Pandemic — United States, March–April 2021

Weekly / July 2, 2021 / 70(26);947–952

On June 25, 2021, this report was posted online as an MMWR *Early Release.*

Jonathan Bryant-Genevier, PhD[1,2]; Carol Y. Rao, ScD[2]; Barbara Lopes-Cardozo, MD[2]; Ahoua Kone, MPH[2]; Charles Rose, PhD[2]; Isabel Thomas, MPH[2]; Diana Orquiola, MPH[2]; Ruth Lynfield, MD[3]; Dhara Shah, MPH[4]; Lori Freeman, MBA[5]; Scott Becker, MS[6]; Amber Williams, MS[7]; Deborah W. Gould, PhD[2]; Hope Tiesman, PhD[2]; Geremy Lloyd, MPH[2]; Laura Hill, MSN[2]; Ramona Byrkit, MPH[2] (View author affiliations)

CDC Survey of Public Health Workers (CDC MMWR July 2021 [Bryant-Genevier, et al. 2021])

- N= 26,174 state, tribal, local, and territorial public health workers
- 53.0% reported symptoms of at least one mental health condition of anxiety, depression, trauma-related symptoms, suicidal ideation over the prior 2 weeks (3/29/21-4/16/21)
- Symptoms were more prevalent among those who were
  - unable to take time off
  - worked ≥41 hours per week
- Symptoms were also worse for those
  - Who experienced other loss during the pandemic
  - ≤29 years, transgender or nonbinary persons of all ages, and those who identified as multiple races

Healthcare workers and "Coping with COVID" Survey

(Prasad et al. The Lancet 2021)

Data between May-Oct 2020 20,947 healthcare workers

61% fear of exposure or transmission

38% reported anxiety/depression

43% suffered work overload

49% had burnout

Stress scores highest for: nursing assistants, medical assistants, social workers; inpatient>outpatient, women>men, Black and Latinx>whites

Odds of feeling burnout were 40% lower for those who felt valued by their organization

TAKING STOCK: KEY AREAS OF FOCUS THAT WILL SHAPE FUTURE OUTCOMES

Diversity, Equity and Inclusion Call to Action

Data tells the story

- Disparities in the impact of COVID-19
- Disparities in deadly outcomes with law enforcement
- Disparities in prevalence of social determinants of health

Figure 3: Lessons from History on Disparities in Health Outcomes During Prior Pandemics

Studies examining previous pandemics indicate that persons of the lowest socioeconomic status had the highest mortality rates from pandemics in 1918 and in 2009. Although there was some indication that there were two waves, with the first hitting the poor, and the second hitting the rich. Another study of the influenza pandemic of 1918 showed that Black Americans had lower morbidity but higher case fatality rates for unclear reasons.

(Mamelund et al 2019; Mamelund et al. 2018; Økland et al 2019)

TAKING STOCK: KEY AREAS OF FOCUS THAT WILL SHAPE FUTURE OUTCOMES

The Promise of 988 and Crisis Best Practices to Service Anyone, Anywhere, at Anytime

public health

Mental Health Cops Help Reweave Social Safety Net In San Antonio

AUGUST 19, 2014 3:34 AM ET

JENNY GOLD

Pima County's Crisis Response Center: beautiful, and functional, too

July 12, 2012

Dennis Grantham, Editor-in-Chief

My ongoing involvement with the annual *Behavioral Healthcare* Design Showcase—and a trip earlier this year—gave me an opportunity to visit the CPSA/Pima County Crisis Response Center in Tucson, a design that won top honors in the 2011 Design Showcase. And, while our annual Showcase program honors the efforts of architects and designers involved in behavioral healthcare, we all know that design is but one of the elements

ut Suicide | Effective Prevention | Resources & Programs | Training | News & Highlights | Organizations

NATIONAL SUICIDE PREVENTION LIFELINE 1 (800) 273 TALK 8255

Zero Suicide

PDF version of this page

Zero Suicide is a commitment to suicide prevention in health and behavioral health care systems and is also a specific set of strategies and tools. The foundational belief of Zero Suicide is that suicide deaths for individuals under care within health and behavioral health systems are preventable.

Zero Suicide presents both a bold goal and an aspirational challenge. Organizations that have used this approach found a 60-80% reduction in suicide rates among those in care.

> The foundational belief of Zero Suicide is that suicide deaths in health care systems are preventable.

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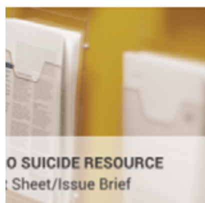


ro Suicide?

t provides a brief overview
icide approach, which can
health and behavioral
stems.

TAKING STOCK: KEY AREAS OF FOCUS THAT WILL SHAPE FUTURE OUTCOMES

Workforce Needs

Current State of Workforce

- Workforce needs expressed in daily discussion
- Some states declaring emergencies
- Innovative strategies being examined
- Need for COVID-19 vaccination among workforce remains

TAKING STOCK: KEY AREAS OF FOCUS THAT WILL SHAPE FUTURE OUTCOMES

Advancing Technology

Advances in Technology

- Shift to telepractice everywhere
- Challenges remain for rural areas and for populations with limited access to equipment
- Data related to technology also creates potential for advances

KEY AREAS FOR PRIORITY
IN BEHAVIORAL HEALTH SERVICES
BEYOND COVID-19 AND BEYOND BEDS

2021 Ready to Respond Compendium

No.	Compendium Topics
1	Ready to Respond: Mental Health Beyond Crisis and COVID-19
2	Disaster Behavioral Health Through the Lens of COVID-19
3	Suicide Prevention and 988: Before, During and After COVID19
4	Law Enforcement and Crisis Services: Past Lessons for New Partnerships and the Future of 988
5	Strategies and Considerations for Providing a More Equitable Crisis Continuum for People of Color in the United States
6	The Effects of COVID-19 on Children, Youth and Families
7	Mental Health System Development in Rural and Remote Areas during COVID-19
8	Funding Opportunities for Expanding Crisis Stabilization Systems and Services
9	Technology's Acceleration in Behavioral Health: COVID, 988, Social Media, Treatment and More
10	Using Data to Manage State and Local-level Mental Health Crisis Services

Priority 1.

Expand and achieve a full continuum of crisis services.

Priority 2.

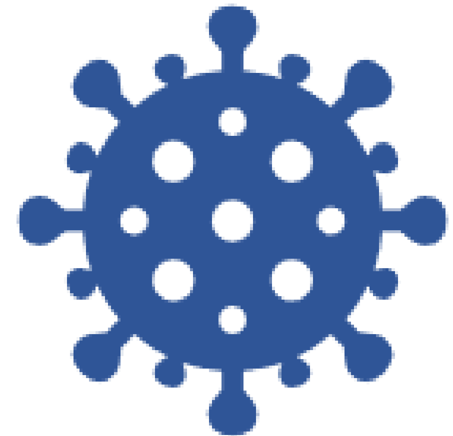
Rebuild and reboot a robust, diverse, and well-qualified workforce.

Priority 3.

Expand telehealth practices while ensuring ongoing quality and access.

Priority 4.

Foster integration of disaster behavioral health into emergency preparedness and response.



Priority 5.

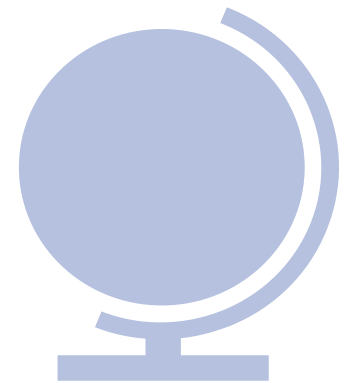
Consider creative financial opportunities to maximize access to crisis response and other community-based mental health and substance use services with no wrong door.

Priority 6.

Focus intentionally on diversity, equity and inclusion to reduce disparities in mental health outcomes.

Priority 7.

Enhance interconnectedness with other systems and across borders for improved global responses.



"We are very excited about the work of 988 and what it means for individuals experiencing a MH crisis in the United States. We look forward to continued work to realize the vision for all Americans." *Commissioner Survey Respondent, June 2021*

Conclusions:

- Needs are still great
- Challenges remain
- State Mental Health Leaders are ready to respond!

GRATITUDE MOMENT…..

THANK YOU!

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