Behavioral Health Integration Collaborative

“Shadow Pandemic: Mental Health Impacts of COVID-19 on Patients and the Care Team”

May 19, 2022
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The BHI Collaborative was established by several of the nation’s leading physician organizations** to catalyze effective and sustainable integration of behavioral and mental health care into physician practices.

With an initial focus on primary care, the Collaborative is committed to ensuring a professionally satisfying, sustainable physician practice experience and will act as a trusted partner to help them overcome the obstacles that stand in the way of meeting their patients’ mental and behavioral health needs.

TODAY’S SPEAKERS

Stephen O’Connor, PhD
Chief of the Suicide Prevention Research Program, Division of Services and Intervention Research
National Institute of Mental Health

Sala S. Webb, MD, FAPA, DFAACAP
Chief Medical Officer
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The Shadow Pandemic: Mental Health Impacts of COVID-19 on Patients and Care Team

Stephen O’Connor, PhD
National Institute of Mental Health

Behavioral Health Collaborative
Overcoming Obstacles Series

May 19th, 2022
April 2020 – the largest increase in unemployment since data collection began

Figure 1. Historical Unemployment Rate
Seasonally adjusted monthly data from January 1948 to December 2020

Source: Created by CRS using data from the Bureau of Labor Statistics (BLS).
Notes: Shaded regions indicate recessionary periods as identified by the National Bureau of Economic Research.

April 2020: 14.7%
March 2020: 4.4%
Unemployment Rates Varied

By State
Unemployment >8% in CA, CT, DC, HI, NV, NM, & NY (2/21)

By Gender
Unemployment rates increased more for women

By Age Group
Unemployment rates increased more for workers <25

By Race
Unemployment rates were higher for Black workers and took longer to improve for Black and Asian workers

By Ethnicity
Unemployment rates were higher for Hispanic workers

By Educational Attainment
Unemployment rates were higher for those with < HS or college degree

COVID-19, Unemployment, and Suicide

- Social Isolation
- Mounting Bills
- Housing Concerns
- Interpersonal Difficulties
- Untreated Medical Concerns
- Substance Misuse
- Negative Mood

- Thwarted Belongingness
- Perceived Burdensomeness
- Hopelessness
- Less Engagement with Reasons for Living
Emergency Department Visits for Suspected Suicide Attempts among Female Adolescents throughout COVID-19

FIGURE 1. Numbers of weekly emergency department visits* for suspected suicide attempts† among adolescents aged 12–17 years, by sex — National Syndromic Surveillance Program, United States, January 1, 2019–May 15, 2021

https://www.cdc.gov/mmwr/volumes/70/wr/mm7024e1.htm#F1_down
Expanding Crisis Services Through 988

• Short-term goal is to strengthen and expand the current Lifeline call center infrastructure and capacity to respond to calls, texts, and chats

• Long-term goal is to build a robust crisis care response system across the country
Key Takeaways

• COVID mitigation strategies impacted social networks and unemployment in significant ways

• Groups historically experiencing health disparities (e.g., Black and Hispanic populations and those without a high school or college degree) have been differently impacted by unemployment during the COVID-19 pandemic

• Conceptualizing the impact of these related constructs can inform intervention strategies

• Expanding the crisis services network has the potential to provide immediate services to those in need and connect them to ongoing care

• Behavioral Health Integration plays an important role in the crisis care continuum
Shadow Pandemic: Mental Health Impacts of COVID-19 on Patients and the Care Team

Health Plan Pediatric Perspective

Sala Webb, MD, FAPA, DFAACAP
CMO, Aetna Better Health of Ohio/OhioRISE

May 19, 2022
Prior to Pandemic

- Contraction of child and adolescent treatment beds
- Limited access to evidence-based interventions
- Child and adolescent psychiatrist shortage
- Increasing acuity
- Increasing suicide rates
What We Saw

Individual

• Isolation
• Upending of routines and persistent uncertainty
• Increased stress on families
• Media saturation
• Physical illness
• Grief
• Failure of usual coping strategies and supports
• Pervasive anxiety and fear
• Despondency

System

• Increased utilization of crisis lines/services
• Greater acuity at time of presentation
• Increased visits to Emergency Departments
• Increased boarding in Emergency Departments
• Increased length of stay in acute hospitals and residential treatment programs
• Decreased access to all levels of care
• Diminished provider capacity
Declaration of National Emergency in Children’s Mental Health

October 2021
What We Did

Prioritized continuity of care

Enhanced flexibility

Tailored interventions

Fostered creativity and innovation

Focused on employee wellness
Telehealth

Cons

• Not suitable/effective for all ages
• Not suitable/effective for all conditions
• Transposing a program to virtual platform
• Illuminated areas of resource deficits
• Users can be overwhelmed by new delivery system

Pros

• Expanded access to care
• Provided a “window” into the life of the youth
• Mitigated no-show rates
• Accelerated innovation
What We Learned

- One size does not fit all
- Flexibility does not preclude validity
- Family stressors and strengths matter
- Crisis can promote innovation
- Likely hybrid models in the future
That’s all well and good, but what will it be like for me?: Clinician and patient experiences with BHI

Eileen Barrett, MD, MPH, MACP

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Eileen Barrett Physician Services LLC
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There is an urgent need for BHI

• To help meet patient’s needs that have increased since the pandemic
• To reduce administrative complexity for clinicians
• To reduce clinicians’ feelings of hopelessness
• To help healthcare workers take care of each other
Factors Influencing Physician Practices' Adoption of Behavioral Health Integration in the United States

A Qualitative Study
“Access was limited. Very often there was this wait time, and you lost that opportunity . . . [After implementing behavioral health integration], being able to do brief intervention and . . . build that relationship and even if the warm handoff [to the behavioral health clinician] has to be a little later, you've maintained that contact and you've taken your opportunity at the time [the need is] disclosed.”
“Nobody was screening, and they all said they wouldn't screen [because] what do you do once they screen positive? So, I think some of the support [for behavioral health integration] was because we're failing those screenings, and we thought it'd be a great way to meet them.”
“We’ve Learned It’s a Medical Illness, Not a Moral Choice”: Qualitative Study of the Effects of a Multicomponent Addiction Intervention on Hospital Providers’ Attitudes and Experiences

Honora Englander, MD¹,²*, Devin Collins, MA¹, Sylvia Peterson Perry, MD, MPH¹, Molly Rabinowitz MD, MPH¹, Elena Phoutrides, MD, MPH¹, Christina Nicolaides, MD, MPH¹,³
“Instead of treating these people and making value judgements around them, now we make diagnoses. Like how bad is their infection, how bad is their addiction? As opposed to just bucketing them, oh these are a bunch of addicted people they’ll never get better, or they’ll do this or that.” —cardiac surgeon
“I don’t think IMPACT’s role is to fix the behavioral issues but maybe IMPACT’s role is to bring continued voice ... that this is an issue that has to be addressed ... I’ve certainly felt much less helpless. The helplessness is not completely gone, but it’s back there.” – ward attending
Behavioral Health Integration Into Primary Care

Expand Patient Access to Behavioral and Mental Health Services and Improve Patient Care
Getting Through COVID-19: Keeping Clinicians in the Workforce

Eileen Barrett, MD, MPH; Susan Thompson Hingle, MD; Cynthia D. Smith, MD, and Darilyn V. Moyer, MD
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DISCUSSION
BHI Collaborative “On Demand” Webinars

Check out other webinars from the Overcoming Obstacles series such as:

- How to Address the Growing Behavioral Health Concerns Among Children, Adolescents, and Families
- Practical Strategies for Managing Suicidal Ideation and Reducing Risk
- Beating Physician Burnout with Behavioral Health Integration

Watch all these webinars and more on the Overcoming Obstacles YouTube playlist now!
Collaborative Resource – *BHI Compendium*

The *BHI Compendium* serves as a tool to learn about behavioral health integration and how to make it effective for your practice and patients.

Download Now to learn how to make the best decisions for the mental health of your patients.
AMA Resources – How-To Guides

Access AMA’s BHI practice guides for practical strategies, actionable steps and evidence-based resources on four specific areas of effective integrated care: pharmacological treatment, substance use disorder, suicide prevention, and workflow design.
Thank you for joining!