

Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) SAMHSA Update: Behavioral Health Issues and COVID-19

Elinore F. McCance-Katz MD, PhD
Assistant Secretary for Mental Health and Substance Use
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

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SAMHSA
Substance Abuse and Mental Health
Services Administration

Mental Illness and Substance Use Disorders in America

PAST YEAR, 2019 NSDUH, 18+

Among those with a substance use disorder:

- 2 IN 5 (38.5% or 7.4M) struggled with illicit drugs
- 3 IN 4 (73.1% or 14.1M) struggled with alcohol use
- 1 IN 9 (11.5% or 2.2M) struggled with illicit drugs and alcohol

Among those with a mental illness:
1 IN 4 (25.5% or 13.1M) had a serious mental illness

7.7%
(19.3 MILLION)
People aged 18 or older had a substance use disorder (SUD)

3.8%
(9.5 MILLION)
People 18 or older had BOTH an SUD and a mental illness

20.6%
(51.5 MILLION)
People aged 18 or older had a mental illness

In 2019, **61.2M** Americans had a mental illness and/or substance use disorder-an increase of 5.9% over 2018 composed entirely of increases in mental illness.

COVID-19 and Mental Health: What are the Expected Impacts?

- Changes to how we live our lives that have not to date been seen or experienced:
 - Social distancing, quarantine, isolation
 - Unemployment, business jeopardy, financial stressors
 - Children out of school/parents must home-school
 - Individuals and families who must stay distant from others
 - Lack of social support
 - Loss of resources: childcare, elder care
 - Loss of daily routine/structure
 - Loss of health/mental health usual services, those with special needs unable to access services
- Stress, trauma, anxiety, depression, grief, negative impacts on mental health which can be long-lasting
- Effects are well documented in the literature
- Risk of development of substance use disorders and relapse for many
- Decision makers are not held to the standards set—lack of understanding of the spectrum of adverse effects of lockdowns and business closures

Mental and Substance Use Disorders: COVID-19 Issues

- 61M Americans with M/SUDs
 - 10% receive treatment for SUDs
 - 55% receive treatment for mental disorders
 - 34% of SMI population get no treatment
 - Cost of untreated SMI: 193B/yr (NAMI); cost of drug/alcohol abuse: 600B/yr (NIDA)
- Over 180,000 deaths/yr from: drug overdoses, alcohol-associated deaths and suicide
- Substance use contributes to risk for suicide
- COVID concerns: 48% anxious about becoming infected, 51%: anxious about loved ones becoming infected, 40%: afraid of becoming very ill or dying, 36%: serious impact on my mental health APA, March 2020
- Estimate that there will be a 1.3% increase in suicides for each 1% increase in unemployment (Petterson, et al. 2020)

What is Happening in Our Communities?

- 10 fold increase in use of the Disaster Distress Helpline
- All states applying for Crisis Counseling Program funds
- Reported call increases to suicide prevention lines, increases in calls related to domestic abuse, increased numbers of serious injury/death in infants/children
- Calls with state officials (MH, SSA, SOTA): lack of services/providers; rural concerns: no internet, lack of inpatient psychiatric beds; lack of outpatient programs
- Increase in proportion of ED visits for suicide attempts during lockdowns; reduced when lockdowns lifted

Adverse effects of COVID-19 restrictions on mental health:

- 41% of those surveyed (online survey tool):
- Mental disorders (anxiety, depression (30.9%), trauma-related disorders (26.3%), substance use to cope (13.3%)) during COVID-19
- High rates of suicidal thinking:
 - 25.5% young adults 18-24 yrs
 - Racial/ethnic minority groups
 - Hispanic 18.6%
 - African American 15%

SAMHSA National Action Plan: Steps Taken and in Progress

- Addressing the needs of the public: those who experience mental health consequences of social change with COVID-19
- Addressing the needs of those at risk for or who have serious mental illnesses and substance use disorders
- Addressing practitioner/healthcare organization needs
- Focus on communication: eblasts, media, use of states/stakeholders, [SAMHSA.gov/coronavirus](https://www.samhsa.gov/coronavirus)

National Action Plan: Steps Taken and in Progress

Addressing the needs of those who experience mental health consequences of social change with COVID-19

- Information to the general public: Tips for Social Distancing, Quarantine, and Isolation During an Infectious Disease Outbreak
- Working with FEMA to get Crisis Counseling Programs in place in the states
- Disaster Distress Helpline: 800 985 5990, Suicide Prevention Lifeline: 800 273 TALK (8255), National Helpline 800 662 HELP (4357)

National Action Plan: Steps Taken and in Progress

Addressing the needs of those with serious mental illness and substance use disorders

- SAMHSA played significant role in increased use of telehealth/telemedicine
- Use of audio/visual internet based services AND telephone resources
- CMS has approved these as billable services during PHE
- SAMHSA TTCs: National program of training/TA on telehealth, 300K participants
- Allowance for use of non-HIPAA compliant resources for telemedicine; Medical emergency allowance in 42 CFR Part 2 can be utilized where needed
- Worked with Federal Communications Commission to inform public about extended cell phone minutes for those with SMI who may need telephonic mental health services

National Action Plan: Steps Taken and in Progress

- OUD/OTP assistance
 - Urgent need to continue to address needs of those with OUD
 - Ongoing work with DEA to assure consensus on flexibilities so that people with OUD continue to get medication and treatment resources;
 - Availability of greater number of take home medications
 - Medication pick up/delivery flexibility
 - Flexibilities around prescribing/dispensing opioid therapies
 - Telehealth flexibilities
 - Expansion of mid-level practitioner clinical responsibilities
- Guidance on alcohol withdrawal
- Recovery Resource groups
 - Information on how to set up a meeting online or by conference call

Concerns for Survival of the Mental Health System

- Behavioral Health Organizations:
 - 92.6% have reduced operations
 - 31% of patients have been turned away, cancelled or rescheduled
 - 61.8% have closed at least one program
 - 46.7% have laid off or plan to lay off staff
 - 82.9% do not have PPE to last 2 months
 - 62.1% can survive financially less than 3 months
 - Allocation of Provider Relief Fund (PRF) to BH was uncertain
 - Difficulty in reopening treatment facilities: Lack of adequate space to deliver services because of 6ft social distancing rules
 - Telemedicine
 - Has provided a means of critical service delivery, but is not able to replace M/SUD therapeutic services: IOP, Partial Hospital, Specialty programs that depend on personal interaction and group settings
 - Not financially feasible for providers
 - Concern for loss of providers in face of even greater need
- SAMHSA: major role in assisting BH providers with accessing PRF

National Action Plan: Steps Taken and in Progress

Use of supplemental funds to support national needs related to behavioral health: \$425M

- Expansion of CCBHC program (\$250M) (FY 20 funding at \$200M)
Total: \$450M
- New funding announcement from SAMHSA for COVID-19 mental health/substance use disorder resources to states (\$110M)
 - Awards made in less than one month following passage of CARES Act
- Suicide Prevention funding (\$50M)
 - Increase to Suicide Prevention Lifeline
 - Increase to Zero Suicide Program
 - Increase to programs for community based suicide prevention services for adults (National Strategy for Suicide Prevention)
 - Must serve victims of domestic violence, children with abuse/neglect
- Dedicated funding to tribes (\$15M)

Behavioral Health and COVID-19: What's Needed?

- Ongoing communication with states/stakeholders
- Review of flexibilities to determine what should be kept in place (e.g.: telehealth services)
- Public communication: resource availability in helplines, provider connections ([findtreatment.gov](https://www.findtreatment.gov))
- Continue focus of funding on services to most seriously mentally ill

What Can We Do Now?

- SAMHSA must use its resources to benefit as many as possible:
- Community based treatment and recovery services
- Build on the Certified Community Behavioral Health Clinic model
 - Crisis intervention services/suicide prevention resources
 - Integrated mental health, substance use, general medical services
 - Children’s mental health services-linkages with schools
- Keep telemedicine/telehealth in place including use of telephone where audio/visual is not possible and pay for these services at same rate as face-to-face—no reduction in reimbursement because it is telemedicine
- Continue and expand as possible technical assistance and training to behavioral health providers—clinicians and peers
- Review and recommend which flexibilities to make permanent

Ongoing Work of SAMHSA Must Continue

- Continue focus on SAMHSA priorities: opioids, SMI, training/TA
- Continue to examine data and expand resources where possible: e.g.: stimulants, addressing overdose deaths; make maximal use of SOR
- Children's mental health: school based services
- Suicide prevention: 988 resources, community based programs, Zero suicide expansion, PREVENTS
- Crisis intervention services resources
- Partnerships with law enforcement to assist those with SMI
- Services from community providers to treat SMI in those incarcerated
- Continue focus on ACT/AOT; Launch of PAD app
- Increase number of behavioral health providers in all allied fields; dissemination of workforce needs report

Address Safety Issues in BH Settings Related to COVID-19

- We must get back to providing in-person care:
- This means making treatment settings/community settings safe:
 - Observe social distancing
 - Masks need to become the norm
 - Providers should be ordering/storing PPE: masks/gloves/disinfectants/hand sanitizers
 - Bring back behavioral health staff for face-to-face service provision and expand hours—evenings and weekends may need to become the norm so that smaller groups who can social distance can get needed in-person care
- Our patients and their families must feel confident that their loved ones can get necessary services safely—for the individual and for those they will come in contact with at home
- We cannot successfully restart without attending to these issues
- Engage providers/facilities/communities and states in this process