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

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September 29, 2020
Mental Illness and Substance Use Disorders in America

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%
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
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)
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
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
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)

– 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
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