

Public Health Institute Webinar “Mental Health and COVID-19”

Wednesday, May 6, 2020

1:30 p.m. – 3:30 p.m. EDT

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>> Kathy Piazza: Welcome to Mental Health and COVID-19: How the Pandemic Complicates Current Gaps in Care and What Can Be Done.

My name is Kathy Piazza. I'm running the Dialogue4Health web forum with my colleague, Murlean Tucker. We want to thank our partner today, Trust for America's Health.

Audio for today's web forum will be accessed via your computer. Click the telephone icon at the bottom of your screen for additional ways to connect.

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Open the Q&A panel by clicking the circle with three dots at the bottom of your screen. In the Q&A panel on the right side of your screen select "all panelists" in the dropdown menu so your question gets sent to the right place.

Now it is my pleasure to introduce John Auerbach, the moderator of this event. John is President and CEO of Trust for America's Health or TFAH, where he oversees TFAH's work to promote sound public health policy and make disease prevention a national priority.

Over the course of a 30-year career he held senior health positions at the federal, state and local levels. Welcome to the microphone, John.

It looks like your audio is muted, John.

Let me take your line off mute, John.

>> John Auerbach: Hello?

>> Kathy Piazza: There you are.

>> John Auerbach: Okay, good. Hello, everyone, and welcome to the webinar. This is the third in a series of webinars organized by Trust for America's Health to highlight the issues of critical importance in the response to the pandemic.

We have already examined issues related to paid sick leave and its role in prevents viral spread and the associated impacts of COVID-19 on older adults. Today we will draw our attention to another key issue, the ways the pandemic complicated the already existing gaps in mental health prevention and care.

There is more and more evidence of how serious this concern is. In a Washington Post article earlier this week, the Director of the Traumatic Stress Resource Program at the National Institute of Mental Health said: I worry about the people the system just won't absorb or won't reach. I worry about the suffering that is going to go untreated on such a large scale.

And some evidence regarding how right she was is offered by the calls into the Federal Emergency Hotline for people in emotional distress. It registered a more than 1,000 percentage increase in April of this year when compared with April of last year.

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To help us better understand the need and importantly what can be done about it, we have assembled and steamed panel of experts. These panelists are first, Dr. Wendy Ellis. She is the Director of the building community resilience collaborative and networks at the Milken Institute School of Public Health at George Washington University. She has spent the last decade developing and working to grow a resilience movement to address systemic inequities that contribute to social health disparities that are often transmitted in families and communes from generation to generation.

Dr. Jill Harkavy-Friedman is the Vice President of the American Foundation for Suicide Prevention where she leads the organization's growing research grant program. She works with over 190 scientific advisors to evaluate progress in the field and chart the next areas of inquiry to yield impactful insights and strategies for suicide prevention.

Finally, we will hear from Dr. Benjamin Miller who is the Chief Strategy Officer for Well Being Trust, a national foundation committed to advancing the mental, social and spiritual health of the nation. He helps oversee the foundation's portfolio ensuring alignment across grantees, overall strategy and direction, and connection of the work to advance policy.

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Before hearing from our panel let me offer a few opening remarks. Trust for America's Health -- or TFAH as we are known -- is an organization that envisions a nation in which the health and well-being of every person and community is a national priority and where prevention and health equity are foundational to policy-making at all levels of government.

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As part of our work we have published the Pain in the Nation report series with our friends at Well Being Trust. We produced annual reports looking at the mortality rates from suicide, drugs, and alcohol. We have also issued reports focused on specific systems, like health care and education, as well as populations like Millennials and most recently adolescents. Each report includes several specific, actionable recommendations geared towards federal policymakers.

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Our report includes several specific, actionable recommendations geared towards federal policymakers. In our most recent report, focused on adolescents, our recommendations included: investing in evidence-based strategies across sectors, increasing funding for prevention programs, and supporting community environments that promote mental and physical health. Specific adolescent-related actions include utilizing the Medicaid free care rule to expand school services, expanding parenting programs like Guiding Good Choices, and scaling up programs like CDC's Division of Adolescent School Health that promote a positive school environment.

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Another important component of building out our Pain in the Nation work, we established the Well Being Working Group-a cross sector coalition. This group brings together stakeholders from public health, mental health, substance use, community health, and other sectors to promote

population-level strategies to prevent the initial onset of behavioral health concerns and improving the social, physical, and economic conditions in communities that can contribute to those problems.

The Working Group meets once a month and produces a bi-monthly newsletter. For more information please contact Jonah Cunningham.

You see his email address on the screen. He heads our mental health and substance abuse related efforts at TFAH.

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Our 2020 Pain in the Nation update will be released later this month and will include a detailed analysis of the latest recent 2018 mortality data. In the meantime, we can note that there was some good news in the 4 percent reduction in deaths, though still at historic highs. And deaths by suicide and alcohol related deaths increased by 2 percent and 4 percent.

Some groups are at increased risk of the triple epidemic of suicide, alcohol-related deaths, and drug use, according to SAMHSA in 2017. While 13 percent of youth ages 12 to 17 had one depressive episode, that number was higher among American Indian and Alaska Native youths at 16 percent. Among youth who are gay or lesbian, the numbers are also bad.

These frightening statistics are likely to get worse with the impact of COVID-19. A recent Kaiser Family Foundation survey found that nearly half of respondents had had their lives disrupted by the pandemic, increasing stress, anxiety and social isolation for millions of people. Increasing rates of unemployment and financial insecurity for many have created a perfect storm to widen the existing cracks in our mental health and substance use treatment systems. Older adults, often already socially isolated are more so with the impact of necessary mitigation policies.

Furthermore, CDC has found that COVID-19 is having a disproportionate burden of severe illness and death amongst racial and ethnic minority groups.

Due to a confluence of issues including lack of access to preventive care, disproportionate representation among those in certain professions, and the elevated burden of chronic illness caused by social and economic conditions, black members of the community and other members that are people of color are seeing this added burden.

In other words, COVID-19 is heightening the already significant inequities in the nation.

Inequities that are based on income, race, ethnicity, geography, and age.

This will undoubtedly elevate the need for both mental health and substance abuse services, as you'll hear from our speakers.

But it will also highlight the barriers to such care that are faced by those with the least resources.

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In response, TFAH and many others have been working to support the public health response to COVID-19. And we are advocating for robust federal funding for public health at all levels, including to address mental health and substance misuse needs. We want those changes to be permanent, and not just during the pandemic response.

As part of our efforts we've developed a COVID-19 resource portal on our website where we highlight our research, educational and advocacy efforts, including this webinar series. You will be able to get a tape of this webinar series on our website in about a week. Please visit it.

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Now, let me turn to our he is teamed panelists. Each of them will present for about ten minutes. After their presentations, we will have time for questions and answers. So please submit your questions during the webinar so we can place them in the queue.

To begin the panel presentations it is my pleasure to introduce Dr. Wendy Ellis from George Washington University. Welcome, Wendy.

>> Wendy Ellis: Thank you, John. Good afternoon. For those of you who are joining us from the west coast, good morning, I believe, late morning.

Let's dive in. If we can go to the next slide. I want to orient you to, if you are not familiar with the building community resilience network or our work, we are a coalition of networks from across the country. We can go ahead and advance to the next slide.

That really looks at, starts to look at adverse health experiences in the context of adverse community environments. With a public health approach. To think about how you begin to address and prevent adversity, foster equity -- because often times we recognize that the inequity in communities are driving the negative outcomes, the adversities we see in children and adults. Through that, that's how we get to resilience. These networks of ten different communities made up of local health departments, providers, Social Services providers, educators, local business initiatives, have come together to really think through how do we address the underlying inequities that John spoke of earlier with regard to systemic inequities driven by race discrimination as well as some of the economic inequities that drive the hurt in our community. So let's go to the next slide to talk about how we frame this work. Many of you, if you're familiar with our work, have probably seen The Pair of ACEs tree. This is The Pair of ACEs being adverse community experiences in adverse community environments.

With COVID-19 we highlighted understanding the soil of that tree. These are the systemic inequities that our communities often feel on a day-by-day basis, but now are even heightened, laid bare because of COVID-19.

Instead of looking at the branches and leaves on the tree associated with adverse childhood experiences we recognize now this is being felt at a community level across a number of different generations and at specific pulse points that impact our health and mental well being. Thinking about particularly when we think about the effects of poverty, how that has been exacerbated by the loss of economic supports due to the stressing of our economy here. I'm thinking about how the lack of access to technology has not only widened education gaps but widened gaps with who has access to mental health as well as behavioral health supports. So this is the focus of our work when we think about -- also the context, I think, for all of us to think about when we are talking about the delivery of mental health and behavioral health supports, what else is needed to be addressed to really, truly create a much more resilient community in the face of COVID but also beyond.

If we can go to the next slide? To really talk about what are some of the levers, policy levers that we are seeing, that our communities are focused on, part of our work is very much focused on policy, both the translation of work into policy recommendations as well as how do we implement policy in a way that promotes or fosters equity and promotes resilience. I want to drill down to specific levers that have been put in place in response to COVID-19 that may help us as we any about emergency responses.

So the will -- I only have ten minutes so I'll only go into this, but supports to SAMHSA in particular that this audience would find of special interest is the expansion of community-based services. \$250 million much pushed out in the form of grants to specific providers. They range from one to \$4 million to increase the 24/7 crisis intervention that, as John mentioned we are seeing an increase in suicide, increases in the need for mental health supports, increases in calls to domestic violence hot lines and support lines.

So we know there is an increased need for capacity to treat not only adults but also for children with serious emotional disorders.

There also is another \$50 million put out specifically for suicide prevention as well as \$100 million for emergency response grants for individuals with serious mental illness as well as substance use disorder.

What does that look like on the ground? One of our partners in Portland, Oregon, Cascadia, has \$1.3 million to answer the immediate need of their community, thinking about how do we implement primary and behavioral health care. Think about what happened in the last 60 to 90 days, it's address rehearsal. We know that wave 2 is coming. How can we prepare using the money that has been put on the streets now to prepare for the full onslaught that is anticipated this fall with the second wave.

And so how do we store up the supports that are needed in the community to serve our community? This is the mindset that Cascadia Behavioral Health has going into this, with the goal to increase the post patient load by the end of the year as well as increasing screening. Let's go to the next slide to highlight another provision or some of the work that has been going on from the federal response and then how our community partners are actually implementing these things.

The childcare development block grant, \$3.5 billion, as well as head start with another 750 million and the education stabilization fund. I want to highlight that 51. It is \$30 billion that is very flexible. When we think about where and how mental and behavioral health healthcare can be or supports can be delivered.

Many of our children receive a lot of their mental health and behavioral health supports through education. So this money can be used to expand those supports, as well as expand the hotspot lending program which helps us to close the digital divide, not just with regard to educational access but also thinking about how we can increase access to health through tele-health. This is particularly important now that there has been some relaxation and actually encouragement to take some of the home visiting programs and make them virtual in the face of COVID-19.

When we think about how we can use these 51 funds that have been distributed through the various lines to increase the access not only for supports but emotional supports as well. Go to the next slide. I want to give you a slice of how are the teams and networks responding to the emergent needs in our communities, both through programs, through practice teams as well as through policy. I'll start with the last piece, the policy piece going on with the DC based network here made up of providers here, and ward 7 and 8 where we see disproportionality with the COVID impact but long-standing historical inequities.

This past week, that group submitted an advocate letter to the mayor to call for using, call for the increase of strengthening and marshaling to meet the escalated ongoing needs and increasing emotional distress of residents. Also to provide residents and providers access to the tools and supports they need to use tele-health to meet any of the mental health and behavioral health needs that are arising in regard to, due to the increased stressors of COVID-19 and calling for special attention to be dedicated to meeting the needs of aging adults, people with disabilities, children and families and adults isolated or quarantined during COVID-19. These are important when we think about how are we supporting mental and behavioral health? It is not through just the provision of service direct services but we have to think about all of the other support services that our communities need.

Here in the Washington, D.C. our partners at Martha's Table have increased their support and they are addressing the food insecurity in that community. It is stunning the demand that they

are meeting. 4,000 bags of groceries being delivered and handed out to members of just two wards here in Washington, D.C. weekly. 4,000 bags of groceries weekly.

In Cincinnati, our Social Services partners at Beech Acres increased their trauma-informed support using online, using social media, using Facebook Live. How do you reach parents and families where they are.

Similarly in St. Louis, Kansas City, our partners there are thinking beyond just what are needed as far as supports but what is needed to stabilize the community as well as that household. Also advocating for income supports which are also within the coronavirus bill.

I'm going to go to the next slide. That is just a snapshot of some of the work both at the federal level, the levers shall the money, the opportunities already out at the state and local level to leverage, but also to give you an idea of how the community, the different ways that we are creatively beginning to understand what our community needs, but how we can both responsible to those needs through the various channels.

I'm going to stop there. I'm going to go ahead and hand it over to Jill, who is going to talk about suicide prevention.

>> Jill Harkavy-Friedman: Hi. Wendy, thank you so much. You are doing so much for the community. I'm sure it is making a tremendous difference, something that we can all play a role in.

I also wanted to thank the Trust for America's Health for hosting this webinar. It is the first time that we have had a national emergency, really an international global emergency where attention has been drawn from the outset to mental health. So I'm really glad to be speaking with you here today to talk about what kinds of things we might be experiencing in terms of mental health and what we can do.

The first thing I'm going to do is talk about the American Foundation for Suicide Prevention, the organization I represent. Our mission is to save lives and bring hope to those affected by suicide. And we do that through research, education, advocacy, programs for those who have lost someone, survivors of suicide loss, and the local community.

We do this through, first of all, funding research. We have a large grant program where we fund researchers both in terms of innovative grants that they stimulate as well as grants that we set the initiative and put out a call for proposals.

We also advocate both at the federal and the state level through -- and we are mostly advocating for obviously suicide prevention, suicide for suicide research, the National Suicide Prevention Lifeline as well as other mental health initiatives.

In addition we have advocacy program where anybody can become an advocate just by going to our website, AFSP.org. When there is state or federal legislation coming up relevant to our cause and to your community we will send you an email with a prepared letter to go to your legislators. Then you can add your thoughts to the letter before you send it out.

We have prevention programs that we disseminate throughout the country. For youth we have something called talk saves lives to help people become smart about mental health and suicide prevention.

We have so much, I will not go through it all. Note that we have a program called Healing Conversations. If you or someone you know has lost someone to suicide, you can call, contact our program and we will have somebody reach out to you who has had an experience of suicide loss, usually similar, to your own experience, to have a conversation about the process of healing.

And we do most of our work because we have chapters throughout the country in all 50 states. We have 73 chapters. Our chapters bring all these programs to their local community. Finally, another way in which we -- where we put a face on suicide prevention and have a huge impact in communities is through our communities walks program and our campus walks program. These are walks, short walks, one to three miles, where you can join others who support the cause, either because they have their own experience of suicide loss or lived experience or because they know somebody who does or because they just want to support the cause.

When you walk down the street with a group of people, hundreds and some places thousands, talking about suicide prevention, it changes the conversation. I think that's part of where we are talking about mental health today, because we all know that suicide is the fatal consequence of having a mental health disorder, in combination with other factors.

You know, suicide is really complex. There is never one single cause. So even with COVID, COVID will not cause suicide. People may be at risk for a host of biological, psychological, social and environmental factors and there are moments in their lifetime where they may end up in a suicidal crisis. It is possible that that crisis never happens. Just because you are vulnerable to suicide doesn't mean that you will ever experience it.

That is the importance of this current effort to help people's mental health. We all have mental health. If you can go to the next slide?

And I think that this has been -- we have all been made aware, we think of mental health and we think oh, I don't have mental health, which is kind of a silly thought. Just like we all have physical health, we all have mental health.

What is happening in COVID-19 is that many -- I would say most of us are feeling a variety of feelings we maybe never had before. So we are uncertain about what is going to happen. We are more isolated than usual. We are anxious about what is going to be next. We are anxious about if we are going to get sick or not. There is tremendous stress. Our lives are disrupted. Sometimes when people have been traumatized those traumas are reawakened.

Also we have grief and loss. Loss of the people we care about, but also loss of our routine. Loss of our daily lives. Loss of the people that we connect with. Maybe loss of your job.

So this is what we are all experiencing in terms of mental health.

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Sometimes somebody might be experiencing enough stressors and have vulnerability to suicide that you might see certain signs that hey, this person is struggling more. I need to reach out to them. I need to make sure that are, or try to make sure that they are feeling safe. If they are having thoughts of killing themselves, that they get the help they need.

So we can tell there are warning signs that somebody is at risk for suicide. It comes out in what we say, what we do, and how we feel.

So like I said, lots of us are feeling anxious, but we are also finding ways to cope. I'm going to talk about that in a little bit.

But people who are thinking about suicide actually often let people know that they are thinking of taking their lives. They might say something about being desperate or not being around in the future. They may feel depressed or sad or disinterested. And they may be acting impulsively or being withdrawn, letting people know what a good job they did.

They might be aggressive and irritable. You can find this infographic. The link is right there, [AFSP can.org/signs](https://www.afsp.org/signs). Take some time to look at it. Think if there is anyone you are worried

about. You will not make somebody suicidal if you ask them if they are thinking about killing themselves, but you just might make the difference to save their life.

Go to the next slide.

I want to talk about things that we can all do to manage our mental health. Things that we can do if we are feeling particularly anxious or stressed during this time. And things that will help if someone has a mental health condition to address that condition.

And then finally what we as a community can do to save lives.

Again, this infographic is available at our website. And the point I want to make, we have to take care of our minds, our bodies, our soul and our surroundings. We need a safe place to be. We need to breathe.

Breathing is the most portable stress reduction technique and it is available to all of us. It is amazing how taking one breath, taking it in on the count of four, holding it for four, and letting it go for four seconds, and doing that three times. That's 36 seconds. It's like no time at all. But it resets your personal volume.

There are many things that we can do. We might have developed some habits. We want to get to the basics. Sleep, exercise, appetite, getting in touch with people that we care about. Taking care of our physical health.

These are all things we can do.

We've all gone virtual. By the way, even our walks have gone virtual. There are more ways to connect now than ever before. So even though we have to have physical distance, we can still maintain interpersonal connections. Connection is really powerful. Turns out it is a life saver. These are all things you can do. Find a comfortable place, do meditation or yoga. Look at feel-good social media. Don't watch the news. Next slide, please.

If you have anxiety, let someone know. Talk to someone. I bet you you are not the only one feeling that anxiety. There are a number of breathing and meditation apps online. Take a look at them. Listen to them. Use one that speaks to you. They are free apps out there. Use them.

Exercise. Exercise changes your brain chemistry and helps you feel better.

Seek help. A strong person in need of help seeks that help and doesn't sit passively.

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In addition, if you have a mental health condition, this can be very stressful and taxing on that condition. So it is more important than ever to take care of your mental and physical health. If you are in therapy, make sure you are engaging with your therapist. Tele-therapy restrictions have been lifted. So you can engage in therapy, maybe a little bit more than usual. If you are on medication, take that medication. When it is working you will feel fine.

Maintain the lifestyle that helps you feel the best. Engage your social supports. And stay with the basics.

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At a community level, in public health there are four things that we are doing now that can mitigate the potential impact of this stress on suicides. First of all, talk about mental health, which we are doing. We all have it. Let's talk about it.

Second of all, engage in social connections. If you are worried about someone, engage them.

Increase access to care. We are woefully under resourced in mental health care, but we need to work, as Wendy said, on building those resources.

Finally, government support in all areas, whether it is healthcare, mental health care, food insecurity or economic support.

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These are all things that we can do. If you are feeling stressed or you are worried about someone, there are resources out there for you to contact. In fact, if you are worried about yourself or someone and it is an emergency, you can call the National Suicide Prevention Lifeline at 1-800-273-8255. We are advocating for that lifeline.

You can find us on the web and all over.

I want to introduce to you now Dr. Ben Miller.

>> Benjamin Miller: Thank you so much, Jill, for that. Thank you, Wendy, both of you for your outstanding leadership on the topic of mental health and thanks to John and TFAH for organizing us on this topic.

I want to address Healing the Nation.

As has been said this is a unique moment we are facing as a nation. For mental health it can be seen as a once in a lifetime moment to draw attention to something that has been ignored or marginalized. COVID-19 laid bare, without immediate action it will do the same for America's fragile mental health system. We must invest to fight coronavirus and put mental health front and center of any response that we have.

It didn't take COVID to know we already had an epidemic before the pandemic hit.

In our work for TFAH, suicides were on the rise and we had not taken bold steps to get on top of it. Now we have COVID on top of that.

Case in point. The only time we see mental health mentioned is in the CARES Act which included a paltry 425 million for SAMHSA, it pales in comparison to the scope of the pandemic and underscores the needs. 425 million is .56 percent of the amount invested in the airline increase or 2 percent of the 185 billion sent to healthcare as a whole. Congress is failing to capitalize on this crisis in a meaningful way.

The collective impact of COVID-19 could be devastating. Factors at work, economic failure, mandated social isolation for months and possible residual isolation for years and uncertainty caused by the emergence of an unknown microbe. This is our reality and we are dealing with it in different ways.

We have to pay attention to the risk factors associated with social and economic downturn for suicide, alcohol and drug overdose deaths. We do not pay attention to these macroeconomic issues and if we simply look at this as a mental health crisis, when it is more broad than that. The current spike in job loss is like nothing we have seen since the Great Depression. 30 million individuals in this country have applied for jobless benefits, one-third of our workforce. This is like what happened after Hurricane Katrina. This is now applied to the country.

The Robert Grant Center has a report coming out that shows the impact job loss could have on depths of despair. We have literature out there, but this virus has not impacted us all the same. As shown by the Kaiser family survey, many people can't work remotely. If you make under -- the vast majority of folks unemployed now are not able to find ways to creatively engage in employment. They are laid off or furloughed. Those of us who have the privilege to work from home or tele-health or call in, we are able to have an opportunity to engage our employment and keep our employment in a more healthy way.

So unemployment and drug overdose are related. This is seen in survey data. In collaboration with the Kaiser Family Foundation, there is stress related to coronavirus. This is causing most people to experience at least one negative effect on their mental health, problems with sleeping, eating, worsening chronic conditions. Media, and some people are paying attention to this, but understand that there is a robust literature here that shows the connection between unemployment as a risk factor for drug overdose. Unemployment is a risk factor for suicide.

Healing the Nation. In partnership with Kennedy Forum and others, we launched Healing the Nation. This is after really digging into the evidence and we landed here.

At the center of Healing the Nation is what we call a framework for excellence. We believe that many well-intended attempts to address addiction in this country have been somewhat tinkering at the edges or playing whack a hole as my colleague John has described before. We can't afford to do that now. We need a thoughtful response to the problems of our nation and do so in a framework that puts mental health at the center of any redesign we have in communities as well as any redesign we have in healthcare.

On the left-hand side, you can see it begins with us, the responsibility that we have to ourselves, the responsibility we have to talk about this socially with others. It goes into our community and looking at the community conditions that can give rise to overall wellbeing, things like housing and transportation. Unemployment is a major factor here. How do we make sure we are addressing policy in those vital community conditions.

As you move forward, coverage. With evidence to make sure that folks have affordable coverage that can be used through their health insurance. We have to engage people where they present. We know one of the most frustrating things if you are in a crisis is to try to get access to care. Whether you have to go through five different doors or six different clinicians, whatever it might be, we need to make that easier for folks. In time of a crisis like curved, we should be leveraging technology and how do we currently use this opportunity to really redesign the system so that it meets folks' needs when they ultimately are able on to return to normalcy. Finally outcomes, what do we hope to achieve.

Building off the framework, Healing the Nation offered several different ways that policymakers, and this guide was focused on Congressional or federal policymakers, could begin to pursue policy that addressed the entry points that I described, policies for schools, for primary care and policies for the will larger criminal justice system. These tie back to the framework but we focus on ways that we can practice prevention and immediately begin to intervene on places and spaces that people present for mental health needs.

In the framework you can see the entry points or areas for engagement around mental health. On the website you can go there and you can download even set of solutions so that rather than read through an entire report you can actually have a one-page or two-pager you can use as a talking point for what policies might be best pursued to address issues in the area that you care about.

Here is an example of solutions for better mental health. These are very basic. These obviously can be looked at in more detail. If we want increased access to treatment or looking at the role of overdose drugs, policies directly go along with those. There might be legislation introduced that people can look to as an example of what they might want to model future legislation after. Our attempt was to make this as easy as possible for people to begin to take action. Now, where do we go from here?

Well, you can go to the website at Healing the Nation, but our goal was not to stop for policymakers. It is important for Congress to do something now in face of the crisis and do something profound, but we also believe the states have an opportunity here to rise to the occasion and do innovation around mental health.

So what we want to do is take Healing the Nation and create state-specific guides so states have the framework an opportunities to address policy within Healing the Nation.

Finally we want to create something for families communities. We are in the process of creating what we call a people's guide, for people who don't speak wonk all the time that can literally go to whoever policymaker's office and have language that is more in their voice. They might have

frustration and issues with coverage or access. How can we give them the language and work within their language to give policymakers something that can be acted on. We look to have that launched later on this year.

So immediate action is needed. It's time for Congress to act, as I mentioned. Examples have been brought forward by other organizations. You might see circulating various and sundry letters on the Hill. This shows what we are up against right now. The recent survey of providers by one of the major provider organizations shows that danger is imminent. More than 60 percent of mental health providers have been forced to close their programs and many can't survive more than three months without emergency financial assistance. That means that we currently need to infuse cash into the mental health system rapidly to avoid the system becoming even more difficult to access than it was before. If we don't do some type of emergency assurance there, I'm afraid some providers will close shop because they can't afford to keep the lights on.

We have seen the needs increasing. The help line experienced a 900 percent increase over the last month. Congress could look to do things around suicide, look to invest in hot lines as mentioned. Investments in suicide prevention has always been needed but now is a great time to talk about it. In addition, we can look at investing in our workforce. I can't tell you the number of times someone asked: What do we do about the workforce shortages for mental health? My response, what happens if we never have enough. How can we get creative and expand the workforce, get HRSA to expand the workforce training program or get creative and think of community specialists who can augment the workforce and step up in time of need to provide care for each other and their neighbors.

I conclude with a big thank you. It is a unique opportunity for us as community to rally together and ask for more. In the face of COVID and the crisis, we must pay attention to the health and economic drivers causing problems in our communities if we don't invest now.

John, I'll turn it back to you.

>> John Auerbach: Thank you for the great presentations. Thanks to each of you for those great presentations.

And I am going to be joined now by Jonah Cunningham, who you heard me mention earlier that Trust for America's Health is our lead person on working on mental health and substance misuse issues.

Jonah, you have been looking at some of the questions coming in from the people who are listening today. So in just a minute I'm going to ask you if you have one of those ready to pose to our panelists.

For those of you who haven't sent in a question, here is the way to do so. Just at the bottom of your screen, click to open the question and answer panel. Type your question into the Q&A box, and select "all panelists" then hit enter. Jonah will see those and help us in terms of directing them to the right person.

While Jonah is looking through those questions, let me go back and ask a question about the issue of equity and about the indications are now that while everybody is at risk for the coronavirus, and everyone is at risk for mental health disorder and that we know that certain populations are at elevated risk for serious illness and death. We've seen the preliminary data from CDC that the black population in a number of urban areas and rural areas are disproportionately represented among those in the hospitals and those who are dying.

We also know that people of color and low income people have historically had less access to mental health services and substance abuse services.

We are seeing the increase now in, enormous increase in need. We talked about that being something that we are already seeing and we will expect to see.

How do we avoid a situation where the gap in terms of the haves and the have-nots who have access to mental health services doesn't actually grow in the midst of a crisis like this where more people need the services, but there are some of the systemic barriers that make it more difficult.

Maybe, Wendy, I'll ask you to start in terms of that.

>> Wendy Ellis: Well, thank you, John. You're absolutely correct in recognizing that the gaps that we have seen prior to COVID are only widening.

When we talk about this work with our partners we are looking at communities of color, and certainly those who are lower income. They are less likely to be tested, less likely to be treated and more likely to be doing the jobs that are now deemed essential, that many see that being essential means that you are spendable because there are also -- expendable because there are workers who have less likelihood of having access to personal protection equipment necessary to do their job safely.

When we talk about how do we not exacerbate already those gaps, I'm not quite sure that there is a clean or easy solution to that. Certainly the work that has been done in our networks in regard to raising the awareness of inequity and stores these up in our communities have been absolutely important. When we think about some of the work that has been done here in Washington, D.C. and really across the country with regard to just trying to increase the ability to stabilize households, those now have been also as this pandemic begins to pass, there is the stabilization now with understanding that we've got the grant moratorium, mortgage moratorium. We should think about what happens when the stay at home orders are lifted and individuals are looking at the loan payments at the end.

So how are we addressing these things that even right now you may think that there's a relief because you don't have to pay your rent, but there is that added stress of knowing, or not perhaps knowing what is going to happen once these are lifted. Will you be suddenly in \$10,000 of debt that you have no means by which to address that.

So thinking about policy and the practice that we are putting in place now but also what we are going to inevitably need to address down the road are very important for us as advocates, not just for mental and behavioral health services, but the thing about those other policy supports that are going to be necessary to bring stabilization to our communities that will then support optimal health and wellbeing.

>> John Auerbach: Great, Wendy. Ben, Jill, any additional thoughts on that question?

>> Benjamin Miller: Just quickly, I think that what we are going to see, as was already alluded to, the mental health impact will mirror the disproportionalities and the fiscal impacts we've already seen. A colleague pointed out, the areas, if you look at New York City as one example, that are hit the hardest by COVID and you see communities of color dying disproportionately, those are the same communities that have other worst health rates.

We have to address the disparities plaguing communities. That is a hard thing to do but the right thing to do. Without acknowledging that we are grounding so much of our response in kind of an antiquated view of the structures, we've got to recreate something that has more of an equity lens. Or we're going to see the same trends for certain communities and that is just not right.

>> John Auerbach: Great. Thank you.

Jonah, I'm going to turn to you and see if you have a question from one of our listeners.

>> Jonah Cunningham: We have a few questions coming in. Keep sending them in.

The first one, and I will direct it towards Dr. Harkavy-Friedman, but anyone else is free to pop in.

Can you clarify whether it is thought that the COVID response increases an individual's risk of suicide? Especially if they have a preexisting history of suicide ideation?

>> Jill Harkavy-Friedman: You know, that is a really important question. I think there are a lot of assumptions about the impact of COVID on suicide rates both at public health and individual levels.

Naturally, we don't want that to happen, about you we are dealing with this in a way that will help mitigate. It is not a foregone conclusion that suicide rates will go up. First of all, we are asking people to pay attention to their mental health and to pay attention to the mental health of those around them.

That is unprecedented. That is a public health concern.

Number two, with allowing the telemedicine, while it is imperfect at best and not completely accessible, it does make mental health care more accessible than it was prior to COVID.

In addition, there are government programs that can help reduce some of the other stressors that can contribute to suicide. Like financial concern, like food insecurity, like not being sure where you are going to live.

This is a stressful time. People who have had previous experience sometimes they know that they have to take care of their mental health. So they can put that extra effort in now.

There are tools that we have for suicidal people that we didn't have just five or ten years ago, like the safety planning intervention or therapies that help people learn to manage their suicidal ideation when it comes up so they don't act on it.

So there are many reasons why it is not a foregone conclusion that suicide rates will go up. If you have either a history of having suicidal ideation or behavior or you have a risk if you go to the website you can learn more about that. It is time to take a look, to focus on taking care of yourself, managing any suicidal ideation that may come forward, and to reach out for help.

>> John Auerbach: Thanks, Jill. Jonah, next question.

>> Jonah Cunningham: So this one I'll open up to the whole panel. Are there specific health assistance and advocacy support for individuals spearheading novel programming to address the causes and effects of mental health, especially for communities of color?

>> Jill Harkavy-Friedman: I wonder if I can say something to add to that question?

>> John Auerbach: Of course, Jill.

>> Jill Harkavy-Friedman: One of the ways we can do that is by supporting research, especially research that looks at minority and marginalized communities. They are not well studied. If you want to learn about what is going to help them, we need to get funds to study and learn in a culturally sensitive way so that we can bring those programs forward.

Investing in research is one way in which advocacy can make a difference.

>> Wendy Ellis: I will say if you wanted to see some of the work that is being done on the ground that is really innovative with regard to outreach to communities of color, to go to our partners in St. Louis, the alive and well community, where they have a very unique model of actually involving the very community in which they want to reach. Training them and becoming trauma-informed advocates as well as ambassadors, so that they are doing more of the peer to peer support. That has been phenomenal, especially in light of the COVID pandemic. With regard to providing those supports, when we talk about suicidality, or we talk about substance abuse, and even creating some norms in the community with regard to social distancing, physical distancing, and education. There are examples beyond research of things

that are actually in practice that leverage the very community that we want to engage around mental health and wellbeing. I would say that the work that is being done in St. Louis is really exemplary.

>> John Auerbach: That's great. Thank you. In a number of your presentations you referenced that Congress has passed now four different response acts. It was in those acts trillions of dollars have been set aside for any number of different causes and, Wendy, you mentioned where some of that is going that is related to mental health.

Ben, you mentioned some areas that are being prioritized by Healing the Nation.

I would like to ask each of you. If you were sitting down now with the Speaker or the Senate President as they were preparing what we hope will be yet one more response act, and saying there is one thing you would like to in particular pay attention to in that new act, either a policy change or a financial investment, what would you say is the top of your list in terms of the proposals you would make to Congressional leaders?

That's a question for each of you.

>> Benjamin Miller: I'll start on that one. John, I can't just give you one. I'll give you two because I think it's only fair here. There is an immediate ask that I think needs to be put before every member of Congress and we are seeing it come up now: How are we going to help stem the tide of a lot of pressure put on the mental health system by the second wave to COVID.

There needs to be immediate investment in the system now. I think that needs to be screamed from every roof top as loudly as possible so we can assure some level of continuity within the current system. That's number one.

>> John Auerbach: May I ask you on that one, is that an increase in funding through Medicaid and Medicare? Is it grants to mental health providers? What would that consist of?

>> Benjamin Miller: Well, yeah, I'll give you an answer to that one, John. Right now if we look at what is happening across the country with Medicaid programs, Ohio today announced \$200 million in Medicaid cuts, Alaska and Colorado also had huge cuts.

That means mental health is going -- Medicaid is the largest payor for mental health program services in this country. My immediate thing is how do we strengthen the amount of dollars that can flow into states through Medicaid to specifically support our mental health safety net? That would be the more explicit way to say it, John. The other ways that we can put money in providers pocket, but right now Medicaid is the one that will hemorrhage the most and should be prioritized by Congress.

My second answer here is that we need to think big here. I find nothing wrong with going after 30 billion here and 40 billion there. But really this is an opportunity for us to reconsider long wanted for reforms for mental health, to really consider the structure of how mental health has been delivered and financed over the last 40-plus years since we saw the Community Mental Health Services Act in 1963.

I would say that that is a much bigger dollar investment than the 150 billion-dollar range that requires us to look at how we set up and pay for these services.

This could come out with a little bit of time, planning and having wonderful leaders on the call today sitting at the table as those are being discussed.

>> John Auerbach: So helpful, Ben. Thank you very much. Jill, Wendy, your thoughts?

>> Jill Harkavy-Friedman: Well, I agree with Ben that the investment in mental health care and wellbeing at the community level with community informed care is really critical. So I totally agree with everything that Ben said.

So I will try to add something to that. One is that if we build a mental health system, we need training. We need to expand our mental health workforce and train up the force that we have to deal with these kinds of crises and to help people, for instance, who may be suicidal. With that workforce, that means investing in infrastructure, the community mental health act, but also in the individuals who will be providing that care and training them appropriately. Another area is, if we are talking about mental health, is crisis intervention. There are crisis centers now that can provide that kind of care rather than having to have people go immediately to an emergency room, emergency department, where they may sit for hours. Most people who feel suicidal or are having a suicidal crisis, that crisis will pass. But it is helping people to get through that crisis and help them to engage in healthful behaviors that is going to save their lives. So investing in a mental health crisis system beyond the emergency department. The third thing is that one of the things that is helping now is access to mental health care through telemedicine. That has been kind of crawling along because of legislation that limits how deep and far that kind of network can go. So I think we have to open up our capacity to provide health and mental health care in different formats, including tele-health to reach those people who don't have access to a mental health center in their community. And with suicidal people, if you don't have care, you end up being put in jail. That is unacceptable. So providing crisis and tele-health services I think are critical for mental health care.

>> John Auerbach: Thanks very much. Wendy?

>> Wendy Ellis: So yes. I want to talk about, before we get to what we need to do with regard to behavioral health services, I want to say we need to stop traumatizing people, full stop. And so how are we creating more equitable environments in your communities so that we are not heaping on disproportionate amounts of stress in our communities.

Before I get to what needs to happen with respect to the provision of these services, in this time when COVID-19 is laying bare the inequities in our communities this is the time for us to go in and really be strong about how are we creating supports for our families that are most vulnerable and in need? Is that something like looking at how we create and strengthen and expand state level earned income tax credits to offer additional financial stability for working families? Certainly there is a demonstrated need for that. But also when we talk about how we traumatize communities of color and particularly immigrants and the mental health burden and stress that brings on, we need to use this moment in time to address the gaps in the federal COVID-19 will benefits that specifically exclude immigrant families from that access.

It is good to shore up the behavioral health services and again when we talk about equity and we talk about the inequities that are associated with the increased burdens of stress from a public health prevention perspective, we need to stop the source of a lot of these burdens that are the cause of mental health and behavioral health needs.

>> John Auerbach: Okay. Well, my next instinct is to organize the meeting where the three of you can go in and make these requests to the leaders of Congress because I think the three of you have just so clearly articulated where to pay attention.

Jonah, let me go back to you and hear another question from one of our listeners.

>> Jonah Cunningham: Yes, shifting gears, this one is towards Ben. Ben, you had a slide about the ability of different workers to telework by income level. One person was asking if you would delve a little deep are in that, how it demonstrates inequities.

>> Benjamin Miller: Thanks for the question. When we begin to talk about the workforce, for better or worse in my life, these days I have been hanging out with a lot of economists. This taught me ways that we can begin to look at health disparities, issues of wellbeing through an economic lens.

If you look at the depths of despair literature and some of the economic analyses that have been done over the past several decades what you find is low skilled workers, particularly those who don't have more options than to show up at a certain place to get that job, they are exposed disproportionately to things like COVID which we know now. They are also not able to have flexibility to keep their job when times like now, which is unprecedented, does ultimately come around.

My point here is just that this is not a level playing field. Individuals that are lower in the socioeconomic spectrum do not have the same opportunities necessarily to do the things that others who are in the higher SES brackets can do because they need to get the two jobs or have to show up to the job that puts them at risk.

That was the point here. The data alluded to as you can see, this is a survey done a few weeks ago by Kaiser Family Foundation, they probably updated it, but it shows the stark differences between SES and who is able to have flexibility in employment in times of crisis.

>> John Auerbach: Thanks, Ben. By the way let me remind people again, copies of the slides you are seeing and the tape of this webinar will be available on the Trust for America's Health website in about a week.

Jonah, another question?

>> Jonah Cunningham: This is for all panelists. What is the impact in rural communities where the Internet, telemedicine, funding, provider access is less than in urban communities?

>> Benjamin Miller: I'll do a quick stab at this one. This is one of the policy talking points right now in the policy circle on the Hill: How can we continue to reimburse tele-health, which occur without a video, whereas some particular payers only pay when the video is on. How can you make sure you can have the services provided and paid for when the video is off? The questioner's point, not everybody has broadband. Not everybody has a fancy computer they can open up and talk to. Not everybody has an iPhone that allows them to Zoom with their friends and colleagues. We need to take advantage of policies that would allow us to support programs like tele-mental health without necessarily the same type of video component as is currently paid for now.

>> Jill Harkavy-Friedman: I totally agree with that. Not everybody has the same access and the lack of access, those with the same disparities we have been talking about.

I think another aspect is to allow or reimburse for integrated care. Such that local clinicians, local physicians, local healthcare providers, in fact are reimbursed and are able to work with other providers that may not be local.

So work with tele-health and video tele-mental health. And that working together is also reimbursed as a bundled care. Because right now people are going to whoever is there. If that person isn't trained in the area, they don't have access to someone who is, then the care they are going to get is going to be compromised.

But allowing for consultation is an important component in helping in this situation.

>> John Auerbach: Great. Jonah, next question.

>> Jonah Cunningham: Again to all the panelists, what role do you see faith communities playing in overall mental health and wellbeing in a post-COVID world?

>> Wendy Ellis: You know, our faith communities have been involved in the community resilience work from day one. So really using them, again thinking about how they reach out to particularly the older members of our community. But also when you think about young families, they have been really important in providing those social supports.

One of the things that we have seen that has been promising is the adoption of some of these, whether it is a parish, whether it is a church, really adopting some of the tele-ceremonies and things of that nature. Whether it is Mass or a regular church service that they are doing.

But also I think one of the things that we should be thinking about is how do we leverage that network and that socialization of using technology for services for Sunday services to some of the larger community meetings that could occur, whether that is another support group, whether that is a teen support group, things of that nature.

Those are some of the conversations we have been having in our communities. How do we take this tool that is now new to some of our faith-based communities or faith-based organizations and any about how does that become a greater platform to create social connection and cohesion within our communities.

>> Benjamin Miller: I'll build on that. I think one of the most profound interventions that the faith community could have right now especially through the virtual platforms is begin to have conversations with their constituents, with their communities around the importance of talking about mental health and addiction right now.

It is not too long back that some of these issues were seen as a moral failing. I think we've come a long way since then. Faith communities can do a tremendous amount by simply encouraging folks to have a conversation with their families. How are you doing? How are you leaning into each other and supporting each other? There are creative examples around the country, drive by honking at someone whose birthday it is, sending cards to loved ones. There is a role to around mental health especially in a time like COVID and I think faith communities can play an important role there.

>> John Auerbach: Thank you.

Jonah, I think we will take one more question and then I'm going to ask each of the panelists after this next question to take a minute and just remind the listeners where they can find the additional resources that you have mentioned so that people have a sense of what they can take away from the webinar in terms of additional access to materials, answer some of the questions that may have been raised in the course of our conversation. We will hear that answer to that question just after we hear the next question from Jonah.

>> Jonah Cunningham: All right. This one goes towards Ben. Insurance parity is a major barrier in people being able to access care. How is this addressed by Healing the Nation.

>> Benjamin Miller: Wonderful question. Thank you for that softball there. We have an entire section in Healing the Nation on mental health parity. Many of you who study the law know it has been around about ten years now. It is critical and foundational for how we right the wrong for health addiction services in this country.

We lay claim to the fact that while we have had a law it is not enforced properly. How do we make sure that we use all branches of government including local and state to really enforce the federal law that already has been passed. That could look at a number of different ways. We began to literally prioritize ways the federal government could pursue what they can do to enforce this as well as what average folks out there who don't necessarily know what their parity rights are, how they become more aware of this. This is less policy and more of a rights issue. We are in the middle of creating a family guide for healthcare parity. Most folks don't know

when a parity violation occurs. They can rarely describe to you what their health insurance was because the language is so confusing. How do we give people some type of product that lets them know what their rights are and how to take action when.

Healing the Nation has its own section on parity and I'll give that URL when we wrap up.

>> John Auerbach: Thanks, Ben. Now I ask each of you to maybe give both a closing comment and then remind people how they can find the resources that you have available.

Wendy, let's start with you.

>> Wendy Ellis: Yes, thank you. So again thank you for inviting me to share not only our perspective but also share some of our tools and resources and lessons learned and implementing building community resilience.

I would like to go back to where I started and reinforcing that while COVID-19 certainly increases the need for mental health and behavioral health supports and creates a tremendous amount of burden and stress across the entire nation, that we know those structures are not necessarily equally applied.

So when we think about our work in building community resilience, thinking about how we address an prevent trauma, using equity, that equity lens, fostering equity so that we can get the resilience, it certainly has reinforced for us that this type of work is certainly important.

I would want to -- will type into the chat box again our web address, but all of the tools and resources that we produce is free, open source. We have an equity guide that we have created that is based on all of the work that our communities have done to hold these conversations with regard to equity. On the historical perspective, how then do we move beyond understanding to action. We are really thinking about what will equitable policy look like that will support health and wellbeing in our communities.

The COVID-19 ACE tree that I used in my presentation that is publicly available for you to use in your advocacy work to help to understand, help policymakers and others understands that the multiple burdens and levers that are driving the burdens in communities as well as the pairs tree. When you think about how our communities are moving forward even in the time of COVID. All of the lessons learned from the BCR community can be found on our website. Thank you again for the invitation.

>> John Auerbach: Thank you, Wendy. And Jill?

>> Jill Harkavy-Friedman: Hi. Yes, well, thank you again for having us here. I think you picked these three organizations, if I'm guessing right, because of the value we place on human life, on equity, and on resilience and helping all people to not only survive but thrive.

With that in mind I want to thank my co-presenters as well. Now, our focus at American Foundation for Suicide Prevention includes all of that. But also on how to help people bring hope and save lives.

To that end we have a section on our website all about COVID-19 and mental health. So if you go to AFSP.org where the American Foundation for Suicide Prevention you'll find a host of materials about how to manage mental health during this stressful time.

In this time of stress we all need to be, to try and exhibit or engage with increased flexibility and with compassion and respect and patience and persistence to be the people that we are under normal circumstances and to grow and to be hopeful.

So I think there is a bright future out there which some people may not feel now because of the stress take we are feeling, but together with all the efforts of these organizations and others I think we can improve the quality of life for everyone such that people want to be alive and stay alive.

I also want to add that this May is mental health awareness month. So we also have many materials available, not just to read but to share. If we open that conversation about mental health, even those who are reluctant or those who are basically hiding because they are so scared or uncomfortable or in distress, if we open up and have those conversations we will be helping people on an individual as well as a social level.

So I really thank you for letting us participate. And thank you for your leadership.

>> John Auerbach: Thanks so much, Jill.

And Ben?

>> Benjamin Miller: Mental health is inseparable from our health and wellbeing. This is our mental health moment as a nation. How can we use it to think big, adopt a new vision and framework for health and wellbeing, one that creates a system that integrates these services throughout our communities and does it through an equity lens.

This requires a fundamental redesign of the current structure and challenges us to create a more family centered approach to services so they are seamlessly incorporated. This should be the vision for how we move forward.

Websites for us, Healing the Nation is HTN.org and wellbeing.org. We have done work on the Pain in the Nation website, PainintheNation.org, which offer up policy relevant materials that you can use. Thank you.

>> John Auerbach: Thank you. Thanks to all of our panelists. You just have been inspiring and informative and given us both the vision for the future and the action steps to get there. Thank you for that.

Those of you who are listening, thank you for participating. Let me highlight we will have an additional webinar. The next one that we planned is on May 20th at 2:00 p.m. Eastern standard time. That webinar is going to focus entirely on the issue that we have referenced a number of times today, and that is the issue of working against inequities and for promoting equity. Its title is "COVID-19 And Its Impact on Communities of Color: Our Nation's Inequities Exposed."

We will have a panel of experts who will be addressing that issue. The webinar will be moderated by Trust for America's Health Executive Vice-president and COO, Dr. Nadine Gracia. Please join us on May 20 for the next webinar.

Again, thank you so much for participating today.

And Kathy, I'll turn things back over to you.

>> Kathy Piazza: Thank you, John. And thank you, everyone, for your presentation. Many thanks to Trust for America's Health. And thank you to you, our audience. A recording of today's presentation and slides will be available next week at Dialogue4Health.org.

When you exit the forum today a brief survey will be shown. It will open up on your browser.

We hope you will take a few minutes to give us your feedback to complete it. We would love to hear from you all. Thank you so much for being with us.

That concludes today's web forum. Have a great rest of your day, everyone.

(The webinar concluded.)