

Managing the Mental Health Crisis

Resources for Mental Health in the Time of Pandemic

Our mental health system was broken long before the Global Pandemic took hold, with 1 in 25 adults suffering some form of mental illness and 1 in 10 children, but only sufficient workforce to treat about a tenth of those. Now a recent poll suggests half of adults are experiencing significant anxiety and depression while the healthcare workforce may well be experiencing trauma. Calls to SAMHSA's treatment referral line are up by 1000%. Here are some resources to help clinics manage the mental illness surge in demand, while getting patients back in to see their PCP's.

For patients calling your office, triage patients using standard outcome measures such as the GAD-7, PHQ-9, or CAGE. Create a list of hotlines and online treatment options that you can use to connect people with the resources they need, based on their score (or use ours: www.germanewise.com/resources). If you need access to American Psychiatric Association (APA) approved outcome measures, please visit Psychiatry.org's resource page (<https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures>)

- People with high scores may need hospitalization.

Assure patients that psychiatric hospitals are open and using an abundance of caution about screening for COVID-19 and using social distancing. Many free-standing psychiatric hospitals have an onsite intake center and presenting there for evaluation for psychiatric hospitalization could avoid a trip to the emergency room. However, there are some caveats:

- 1) To meet admission criteria for inpatient psychiatric hospitalization, a person must be "at immanent risk," meaning there is a possibility of committing suicide or homicide in the next 24 hours, or being so psychotic as to be unable to protect oneself at home or in public.
- 2) To avoid evaluation at a medical emergency room, the patient must have no unexplained or acute medical conditions whatsoever: nothing that would require even an outpatient doctor visit. Chronic, stable conditions are okay, but brittle conditions are likely to require medical evaluation.
- 3) Detox centers are less common than residential treatment for substance abuse, so if medical detox is needed, be sure the patient is presenting to a facility that can accommodate that. If detox is not life threatening, consider outpatient detox while the patient looks to find a residential treatment center. Also work carefully with the whole family to ensure both their safety and the safety of the patient.

Patients with moderate scores can use online resources: there are individual and group therapy options, as well as some psychiatric treatment.

Refer to Group therapy: it's as effective as individual, is less resource-intensive, and because so many people are going through exactly the same set of fears and emotions, it's very normalizing. Virtual groups for all diagnoses, including AA and NA meetings, are available.

Patients with low scores may still benefit from mental health tips, reassurance, and connection with your staff. This is a difficult time for everyone, and the more people realize that, the more resilient people can be.

Consider adding Integrated Behavioral Health to your practice for help with managing psychiatric patients on an outpatient basis. Behavioral Health Integration is evidence-based and significantly improves patient outcome. It also effectively increases the psychiatric workforce by a factor of about 5, while also freeing up the primary care provider. Because CMS and many medical boards have relaxed their interstate licensing and telehealth requirements, it may be possible to get services into your clinic fairly quickly using virtual providers. For resources on what BHI is, the evidence behind it, and how to set it up, Visit the AIMS center of the University of Washington's Behavioral Health Integration Webpage (<https://aims.uw.edu/keyword-tagging/bhi>).

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Get patients back to clinic by checking on their mental health. While COVID appointments are up, everything else is down. Proactively call your patients with known mental health diagnoses, substance abuse diagnoses, and your fragile families. Ask them how they are doing. It gives you a chance to reach the people who may be suffering the most, as well as prevent or identify child abuse and domestic violence. It also gives you an opportunity to talk about what is still available in your clinics, and while your outreach call is not billable, if they request additional calls, these may be able to be billed as telehealth. Many people feel that they would be inconveniencing an over-taxed system to visit their provider. Your assurance that you are open for visits and a description of safeguards in place may help restore your schedules.

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