

MENTAL HEALTH WEEKLY

Essential information for decision-makers

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“Stay well” are probably two of the most important words providers are hearing right now. Provider self-care is necessary to maintain wellness and the ability to provide effective services to individuals with mental health and substance use disorders. Behavioral health care leaders talk about strategies to cope and be good to oneself.

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Amid COVID-19, self-care as important for providers as it is for patients

The COVID-19 crisis has no doubt disrupted the lives of many, and the impact is being felt by mental health providers and front-line staff who have had to get accustomed to different ways of delivering services. Behavioral health care leaders in the field, in interviews with *MHW*, are reminding providers to take care of themselves emotionally and physically as they care for patients with mental health and substance use needs during this pandemic.

“Our rhythm has just been shocked,” Peggy Swarbrick, Ph.D., FAOTA, coordinator at the Wellness Institute of Collaborative Support Programs of New Jersey and Rutgers University Behavioral Health Care director of practice innovation and wellness, told *MHW*. “We have to get

Bottom Line...

Behavioral health leaders and therapists weigh in on the oft-repeated refrain of “If you don’t take care of yourself, how will you take care of others?” during this pandemic.

back to basics: breathing, pausing and getting in a good sleep routine.” Many people are saying they’re needing more sleep now, said Swarbrick, whose work revolves a lot around wellness for community organizations, peer-run groups and others.

Providers need to be putting the oxygen mask on themselves, said Swarbrick, speaking both metaphorically and physically. “The ‘fight or flight’ response is so out there for

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For nonprofits, survival means being proactive, creative in pandemic wake

Mental health organizations who may be thinking about social distancing and other threats to their nonprofit organizations, and the possible need to shutter services, should think again, according to the CEO of the Mental Health Association Oklahoma (MHA Oklahoma). The new reality presented by COVID-19 could offer nonprofits opportunities to become stronger

now, along with the creation of new nonprofit business models.

“Providers need to be thinking about how to continue doing business in this new world,” Michael Brose, whose MHA offices are in Tulsa and Oklahoma City, told *MHW*. Providers should be thinking about safely protecting their staff and meeting the needs of clients, he said. “Obviously, technology plays a big role,” Brose said, prior to his April 15 webinar, “Creating New Nonprofit Business Models Amid COVID-19,” sponsored by the national Mental Health America.

Brose said he didn’t have Skype on his computer prior to this pandemic. “Everybody’s got to pick up

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Bottom Line...

Nonprofits need to maintain market presence and community/statewide relevance, says MHA Oklahoma leader, who discusses opportunities for mental health organizations during this pandemic.

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everyone,” she said. The time is more important than ever for people to adhere to a schedule and routine even though it has been so altered, she said.

Swarbrick has published *Words of Wellness*, a newsletter for providers, since 2008. The current issue focuses on such topics as social wellness, developing life skills for tough times and maintaining a journal, and also includes a number of resources for museum tours, meditations, games and doing science experiments at home.

In 2016, Swarbrick developed the Eight Dimensions of Wellness for the Substance Abuse and Mental Health Services Administration: (1) emotional, (2) environmental, (3) financial, (4) intellectual, (5) occupational, (6) physical, (7) social and (8) spiritual.

Increased anxiety

The chief medical officer and director of mood recovery at Sierra Tucson, a residential mental health and substance use treatment facility in Tucson, Arizona, said staff has been more anxious than usual, both for

patient buy-in and effectiveness of treatment,” Chhatwal told *MHW*.

In treatment, engagement with others is also key. “In inpatient hospitals, residential treatment centers and even outpatient programs, engaging with others, sharing insights and gaining support are vital elements of treatment,” said Chhatwal, also president-elect of the American Psychiatric Association and assistant professor of psychiatry at the University of Arizona College of Medicine.

Chhatwal said that engagement allows for rebuilding of human connection for those who may feel disenfranchised and provides a source of validation for others who feel alone in their suffering. “During this time with COVID-19-related social distancing guidelines, this treatment milieu can become a source of anxiety for our patients rather than the source of healing it’s meant to be,” she said.

There are concerns for staff being able to connect with patients face to face versus virtually. “Not seeing them in person makes it hard for them to know how effective their treatment is,” said Chhatwal. “For a lot of clinicians, it’s not really knowing how patients are doing after investing months, even years, in their care.”

Providers are concerned about whether they’re putting themselves

‘Like the general population, fears abound even for mental health physicians, providers and therapists.’
 Jasleen Chhatwal, M.D., M.B.B.S., F.A.P.A.

At Rutgers, Swarbrick presents self-care and mindfulness-related activities for psychologists, social workers, peers and support staff in a webinar format. “We’re trying to share practical tools for keeping connected even during social distancing,” she said. “We could have done this before, but now we’re forced to do this.”

themselves and their families. Providers are concerned about the virus’s impact and what they should be doing to keep themselves safe and whole, said Jasleen Chhatwal, M.D.

A major part of treatment is the connection between therapists and patients, she noted. “In psychiatric care, connection or rapport with your physician is considered essential for

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at risk. “Like the general population, fears abound even for mental health physicians, providers and therapists,” Chhatwal said. “The ever-changing guidance, limited clinical information on the virus and astronomical rise of cases, as well as the onslaught of information, can feel overwhelming.”

Much of the guidance put forth for health care providers and health care facilities fails to address the unique needs and challenges faced by mental health facilities, said Chhatwal. “This causes greater uncertainty for professionals who feel bound by their duty to patients who depend on them for care, while trying to balance safety from the COVID-19 virus,” she said.

Sierra Tucson is offering a platform for staff to share information with one another. “We are providing information and giving our staff the opportunity to express concerns and ask questions pertaining to our response to the COVID-19 pandemic,” said Chhatwal. “Additionally, our clinical director is coordinating the dissemination of self-care resources available for our staff. We are now also offering a daily moderated call where staff members can call in and seek support for professional and personal challenges that they face.”

Supporting staff

“Supporting our staff is really important,” Debra L. Wentz, Ph.D., president and CEO of the New Jersey Association of Mental Health and Addiction Agencies Inc. (NJAMHAA), told *MHW*. Self-care is important, said Wentz. “If you don’t ensure your own well-being, how are you caring for others during COVID-19?”

There is a silver lining in the cloud, noted Wentz. “This has really brought people together in a more meaningful way, even though some are working with reduced caseloads,” she said. There are a number of reasons for the reduction, including child care issues, self-quarantining and apprehensiveness, said Wentz.

There are regular check-in team meetings. Members are discussing

New Jersey survey highlights provider challenges

The Rutgers School of Health Professions, with the New Jersey Association of Mental Health and Addiction Agencies Inc., conducted an open-ended online survey to identify the key challenges facing New Jersey mental health providers due to the COVID-19 pandemic. The Survey of New Jersey Mental Health Provider Challenges and Adaptations to the COVID-19 Pandemic was prepared by Aaron Levitt, Ph.D., and Kenneth J. Gill, Ph.D.

The 48 responses from 39 organizations included presidents/CEOs, senior executives, directors, managers, clinicians and others. The most frequently cited challenges included transitioning to telehealth (particularly issues with consumer access, as well as reliability, regulations and privacy), safety (emphasizing the lack of personal protective equipment), immediate funding concerns, continuing to provide necessary face-to-face services and staff.

Other concerns were raised in the survey, including increased unemployment among service recipients, medical adherence challenges, fear/anxiety/depression among both staff and service recipients, inability to provide services, communication challenges, central administration and office logistical challenges, and billing issues.

“Having data is very compelling,” said Wentz. “The report shows that our providers are very creative about safety.” Some members did obtain PPE from various resources and are using them in residential and group homes, she said.

Providers are faced with increasing expenses and reduced staff, said Wentz. She hopes the \$38.5 million emergency funding request to Congress as it prepares its fourth economic stimulus package will eventually come through (see *MHW*, April 13).

“There’s a mental health surge coming about,” Wentz said. “I remember the tsunami,” said Wentz, who knows firsthand that experience, as she was there when it happened and has helped to provide ongoing resources and support ever since (see *MHW*, Dec. 17, 2019). People will be dealing with immediate grief and depression and a lot of loss on all fronts, she said. “There’s going to be a lot of fallout,” said Wentz. “We have to have a system that’s ready to absorb all this. That’s why funding is so important.”

She added, “While we have to think about our well-being, we also have to think about the system’s well-being.”

challenges and what they’ve learned from this experience, sharing recipes and online yoga videos and telling funny stories about their children at home, said Wentz. “They’re learning to enjoy their downtime,” she said. “They’re saying laughter is therapeutic and enjoying the opportunity to laugh out loud.” Cooking, baking, board games, reading, listening to music and knitting round out a host of other activities, Wentz noted.

Meanwhile, the NJAMHAA is

helping staff adjust to the new reality and providing them the tools to do that, she said. It’s impossible to predict what’s ahead, so staff is encouraged to help one another let go of it, and to focus on the things they can control, said Wentz.

“Also, structuring a schedule is important for people off-site,” she said. They need structure in their schedule and routines, said Wentz. Staff are communicating via Zoom

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meetings, and also building in time for their own well-being. “They’re also sharing telehealth guidelines and creating mindfulness support groups,” she said.

Generally speaking, NJAMHAA members are trying to make the best of their time, said Wentz. “We’re in the mental health field,” said Wentz. “We know that maintaining mental health during uncertain times is challenging, but you will get beyond it.”

Psychological support

In general, providers all under undue stress, and a significant amount of it, even before the global pandemic, said Amin N. Azzam, M.D., faculty engagement coordinator, medical education specialist and

board-licensed psychiatrist at Osmosis, a globally-networked company headquartered in Baltimore, Maryland with employees working remotely across the country

Even prior to COVID-19, all of the mental health providers in the University of California, Berkeley–University of California, San Francisco Joint Medical Program engaged in some kind of peer network support for one another. The Care for the Caregivers program was not a required training, but; rather, it is optional for UCSF faculty-affiliates to offer themselves for psychological support for other front-line professionals. Azzam, also a professor at the University of California, San Francisco School of Medicine, told *MHW* he will be co-facilitating one

of these events at UCSF this week.

Osmosis provides information in general about how providers can maximize their psychological health during stressful times, but it isn’t the organization’s primary focus, he said. “We are providing these resources publicly because we believe that it is a part of our mission and core values,” said Azzam.

“Communicating to others digitally and remotely doesn’t spread the virus,” Azzam. “We should be increasing our emotional connection in a time of increased social isolation.”

He added, “We need to raise the capacity of the health system to provide additional mental health services to all people touched psychologically by this unprecedented global pandemic.” •

NAMI New Hampshire maintaining community connectedness

The National Alliance on Mental Illness New Hampshire (NAMI-NH) is working to maintain community connectedness in the midst of this pandemic via its education and advocacy programs, now conducted remotely, and its virtual support groups.

The advocacy organization was nearing the end of its evidence-based Family-to-Family program for individuals with mental health conditions when Gov. Chris Sununu declared a state of emergency due to COVID-19. NAMI-NH had to convert the 12-week program to a different platform.

“The coronavirus prompted the organization to limit the program to eight weeks,” Ken Norton, executive director of NAMI-NH, told *MHW*. NAMI-NH is currently conducting two of the new 8-week, family-to-family classes remotely. “NAMI New Hampshire has always been well-placed with remote technology. More than half of the staff has already been working remotely.” The

Bottom Line...

Pleased that the state has addressed its boarding crisis, New Hampshire mental health advocates continue to move forward in supporting consumers with education and advocacy programs via virtual support.

new Family-to-Family classes are being conducted online and remotely with volunteers, he said.

Overcoming boarding crisis

One of the bigger issues the state has dealt with and has overcome amid COVID-19 involved the emergency department (ED) boarding crisis, said Norton. The prevalence of ED boarding had been an issue for the last seven years. In January 2013, NAMI-NH had publicly identified it as a crisis, with numbers rising dramatically over the next several years.

Average waits for inpatient beds could last three to four weeks, he noted. The highest year was 2017, according to a NAMI-NH news release. On May 25, 2017, there were 27 children boarded in emergency departments, and 71 adults were

waiting for inpatient admission on Aug. 21, 2017.

“The state was able to put in place issues dealing with 2019 legislation,” he said. Children had begun to be transferred to Hampstead Hospital, a private psychiatric hospital, Norton noted.

In the beginning of March of this year, pre-COVID, boarding numbers were in the 40s, he said. After the transfer, there is just one child to a room in the hospital, rather than multiple children. “There are no waiting lists for the kids,” said Norton. “Mid-March represented a pretty important development amid the pandemic,” he said. Before then, large hospital rooms had been separated by curtains or individuals needing services were lined up on gurneys in the hallway, Norton said.

Many people deserve credit for helping to alleviate the boarding crisis, including the front line staff at New Hampshire Hospital and other inpatient facilities, Emergency Departments, Community Mental Health Centers, the Department of Health and Human Services, and law enforcement and first responders.

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