

Preparing for the Second Wave

The Path Forward for Mental Health and Substance Use in the Face of COVID-19

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Minnesota Health Action Group

NYC metro area including No New Jersey & So Connecticut

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The COVID-19 pandemic has broadly sickened society in a way that has impacted everyone — even those who have not faced the virus. A “second wave” will be manifested with a collective shock to our mental health and wellbeing. The indirect damage of a surge in mental health and substance use disorders (MHSUDs) has the potential to be as serious as the core pandemic. Pandemic-related suicides have already been reported and are likely to rise. COVID-19 is causing an increase in MHSUDs through many pathways:

- **Economic Distress** – People worrying about or losing their jobs and income will result in a direct increase in depression and addiction. [Deaths from suicide and overdose could rival deaths from COVID-19 in some states.](#)
- **Fear of COVID-19** – The rational concern of contracting or passing along the virus, particularly for those unable to work at home, can result in increased rates of anxiety and substance use disorders.
- **Social Isolation** – The new normal of sheltering in place further isolates us and causes additional MHSUD treatment needs. This can also exacerbate the risks related to trauma, child maltreatment, and domestic violence.
- **Increase in Demands and Pressures** – Multiple studies show the ill health and social effects of toxic levels of stress caused by excessive levels of sustained personal and work-related demands and pressures. This is especially true for those living in communities already disproportionately impacted by the social determinants of health.
- **Loss of Purpose** – Isolation and quarantines have interfered with the ability of people to engage in activities that fulfill their purpose in life, including going to work, caring for a family member, and worshiping in and contributing to the community.

These factors, like the underlying virus driving them, are likely to grow exponentially as uncertainty continues for prolonged periods of time. Readiness for the “second wave” is essential. *The Path Forward for Mental Health and Substance Use* recommends a two-tiered strategy for emotional health and wellbeing preparedness:

- **Flatten the Curve of Emotional Health Impacts:** If we can address the factors outlined above, we can mitigate the MHSUD impacts on employees, families and communities. Mitigation measures include understanding and supporting the financial safety net, frequent communications from leadership, expanding forums for virtual

connection, as well as recognizing the need for greater flexibility to address a myriad of caregiving and family needs and increased barriers to business as usual.

- ***Better Prepare and Equip Health Systems to Respond:*** Proven practices such as telehealth, collaborative care, and measurement-based care should be ramped up now. Even before the COVID-19 pandemic, rates of MHSUD and deaths from suicide and overdose were increasing with a grave lack of access to behavioral healthcare. Collectively we have the ability to mitigate issues such as provider shortages, phantom behavioral health provider networks, inadequate behavioral health capacity in primary care, and the lack of a disciplined approach to diagnosis and treatment follow up. Now is the time to act.

The Path Forward in the Face of COVID-19

Most employers recognize the need to get ahead of and flatten the curve related to emotional and mental health during and well-beyond the COVID-19 pandemic. However, even with these efforts, there is a projected major spike in demand for mental health and substance use treatment. To address this increased demand and dramatically improve outcomes for MHSUDs, now is the time to prepare in three areas:

1. Fully Deploy Telehealth and Tele-Behavioral Health

The need to move to a virtual environment driven by COVID-19 has had a dramatic, overnight impact on the delivery of telehealth and tele-behavioral health services. Regulatory barriers have come down rapidly and our ability to deliver virtually has exploded. We need to support and lock in these gains. Equally important, we also have the opportunity to shape the new expectations to which third-party administrators (TPAs) and providers will be held in supporting the behavioral health needs of our nation's workforce and their families. Some examples include:

- Ability to access and schedule a full range of MHSUDs care virtually, using the modality of the patient's preference at a comparable reimbursement level
- Continuity of care with providers, regardless of the patient's location
- Quality of the services provided and outcomes achieved
- Effective application of "total person care" considering the physical-psycho-social factors that impact health (in both telehealth and tele-behavioral health)
- Expanded use of behavioral health apps and other digital tools to complement and supplement MHSUD care delivered by providers

To assist employers in advocating for increased access to tele-behavioral health, a series of actionable recommendations are included in the recently released brief: "[Tele-Behavioral Health for Employees: Pre-COVID Status and Recommendations for a Post-COVID Path Forward](#)." This brief recommends that employers work with their TPAs to ensure that their health plans offer employees choice in the modality of behavioral healthcare delivery, reimburse behavioral healthcare providers equivalently regardless of modality, and verify that tele-behavioral health benefits are at parity with physical telehealth benefits.

2. Virtually Integrate Behavioral Health into Primary Care NOW with The Collaborative Care Model

While in the short-term visits to primary care practices (PCPs) may be down due to COVID-19, demand will pick up and grow very soon. As it does, the need for integration of behavioral healthcare into primary care has never been greater. Effective integration of care is not a new concept — The Collaborative Care Model (CoCM) has been shown to be effective in over 80 randomized controlled trials and nearly every commercial insurer now pays for the CoCM cost codes. However, in practice, integration of behavioral health into primary care is still the exception, not the rule. From its inception, CoCM has effectively used virtual support — telephonic and video — of PCPs by psychiatrists who are not located in the PCP office. The CoCM includes behavioral healthcare managers who also function virtually where co-location is not possible. The rapid shift to virtual tele-behavioral healthcare delivery in response to COVID-19 must be extended to PCP offices. The CoCM is the most important step health systems can take toward preparedness for the “second wave” of the Covid-19 pandemic.

3. Expand Screening and Testing for MHSUD Just Like COVID-19

Just as COVID-19 has brought to light the critical need for screening and testing to detect the virus early, we need to ramp up screening and testing for MHSUDs. Standardized tools exist now to do so and we need to deploy existing behavioral health screening instruments and embed them systematically to identify and track the need for and response to MHSUD care. This will flatten the curve of need through early identification, and triage more serious cases to MHSUD specialists. As important, as with any disease, the initial treatment or intervention does not always satisfy the need. The use of “measurement-based care” over the course of MHSUD treatment has been shown to *improve patient outcomes by 20% to 60%*! Given the expected COVID-19 surge in the need for MHSUD-related services, we need to not just do more but also do it more effectively.

Pivoting to the Behavioral Health System We Need

In this uncertain environment created by COVID-19, many are anxious to get back to “normal” and the way things used to be. *The Path Forward for Mental Health and Substance Use* calls for more and better, rather than resuming outmoded care approaches of the past. As more resources and focus are placed on behavioral health, COVID-19 must be a catalyst and accelerant for positive change: Enhancing virtual care, implementing effective models for integrating behavioral healthcare into primary care, and developing a more disciplined approach to screening and measurement-based care and follow up. As the need for care rises in response to COVID-19, let’s pivot forward — not backward — toward a more effective and responsive behavioral health system.