Thank you for joining!

We will begin our webinar shortly.

Before we begin please check that the sound levels on your computer or phone are turned up to hear clearly.
Crisis Planning Utilizing Telehealth: Managing Risk

- Anxiety
- Depression
- Job loss
- Working remotely
Crisis Planning Utilizing Telehealth: Managing Risk

Today’s speaker
House Keeping Items

1. Today’s webinar is 1 hour including Q&A.
2. All participants will be muted during the webinar.
3. Please use the Q&A function vs chat. We will monitor questions throughout and answer as many as possible at the end.
4. This webinar is being recorded and will be posted within 24 hours at www.beaconhealthoptions.com/coronavirus/ so you have continued access to the information and resources.
Learning Objective

Overarching Objective is to support Providers shift to telehealth and managing crisis during pandemic

• Understanding of how COVID-19 has significantly impacted clinical response
• Understanding practice considerations in managing a crisis remotely
• How to effectively assess safety and risk concerns through Telehealth
• Resources – Beacon and National Telehealth Resources
Mental Illness is common in the U.S., as is lack of treatment

- Nearly one in five U.S. adults live with a mental illness.
- Only 46% of adults with a mental illness receive services within a year.

States Reporting Cases of COVID-19 to CDC*
Disaster Distress Helpline is a Resource in all States

Disaster Distress Helpline

SAMHSA’s Disaster Distress Helpline provides 24/7, 365-day-a-year crisis counseling and support to people experiencing emotional distress related to natural or human-caused disasters.

The Disaster Distress Helpline, 1-800-985-5990, is a 24/7, 365-day-a-year, national hotline dedicated to providing immediate crisis counseling for people who are experiencing emotional distress related to any natural or human-caused disaster. This toll-free, multilingual, and confidential crisis support service is available to all residents in the United States and its territories. Stress, anxiety, and other depression-like symptoms are common reactions after a disaster. Call 1-800-985-5990 or text TalkWithUs to 66746 to connect with a trained crisis counselor.

Visit: http://disasterdistress.samhsa.gov
FEMA Crisis Counseling as a Potential Resource for States

- Crisis counseling in this context is not what we understand as traditional crisis intervention performed by a licensed clinician
- Think of it as mental health first aid
- It is designed to mitigate the effects of a disaster to prevent the onset of a behavioral health disorder after exposure to the disaster

Crisis Counseling- Individual or Group:

“Crisis counseling involves a process of engagement lasting at least 15 minutes. It focuses on helping disaster survivors understand their reactions, review their options, and connect with other individuals and agencies that may assist them in improving their situations. Staff members who provide individual crisis counseling are active listeners who offer reassurance, practical assistance, psycho-education, and emotional support, and who teach behavioral techniques for coping with stress.”

Note: Washington program currently being planned uses HS diploma and above to perform this service
Chapter 03

IMPACTS OF COVID-19
Social Isolation’s Impact on Mental Health

• Social isolation has been found to be a risk factor for overall mortality, smoking, obesity, sedentary lifestyle, cognitive decline, and high blood pressure.

• Patients in medical isolation, compared to patients not in isolation, have higher rates of anxiety and depression, and lower self-esteem and sense of control.

• Even just 48 hours of sheltering-in-place can have a negative impact on an individual’s mental health.
The Impact of COVID-19 is Felt Nationwide

- Health fears, especially in a high risk group
- Being an essential worker and risking exposure
- Financial
- Fears that “things will never be the same” post-COVID world
- Fears of losing friends and family to the virus
- Working remotely with children
Managing Provider Response During the Pandemic

COVID-19 Provider Considerations:
  - Managing COVID-19
    - Stress
    - Anxiety
    - Self-Care

Crisis Response
  - Working Remotely
    - Immediate Response vs Scheduled Session
Chapter 04

TELEHEALTH
Telehealth Leverages Electronic Platforms to Promote Health Care Quality and Access

Department of Health and Human Services (HHS) defines telehealth as the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, and public health and health administration.

Technologies include videoconferencing, the internet, store- and-forward imaging, streaming media, and landline and wireless communications.
Access to care is key to providing adequate treatment for mental health conditions.

• As of December 2017, there are 5,042 designated mental health shortage areas in the United States.
• 120 million+ people without access to proper mental health services \(^1\).

Evidence supports telehealth as an effective approach to increasing access to care.

Benefits of Telehealth \(^8\):
• Increased access to services
• Cost-effective
• Enhanced educational opportunities
• Improved health outcomes
• Better quality of care
• Enhanced social support
COVID-19 Requires Immediate Deployment of Telehealth

“We are empowering medical providers to serve patients wherever they are during this national public health emergency. We are especially concerned about reaching those most at risk, including older persons and persons with disabilities. – Roger Severino, OCR Director.”

Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency
National Response to Promote Connectivity

• In 2019, close to 312 million people in the United States access the internet
• **Online usage is strong across all age groups** and virtually universal among young adults aged 18 to 29 years[^12].
• 96% of Americans own a cell phone and 81% own a smart phone[^13].

The Federal Communication Commission launched the Keep Americans Connected Initiative on March 13, 2020 to ensure that people do not lose their broadband or telephone connectivity during the pandemic[^14].
COVID-19 Poses Challenges in Screening and Assessment

• Medical Health - Is individual in high risk category?
• Behavioral Health presentation
  o Inability to engage over telehealth
• Location of service
  o Acute response – importance of confirming current location
  o Factors to consider if client has relocated to temporary residence
• Access to lethal means
  o Weapons, prescription medication and Tylenol, etc
In March there was a 50% drop in reports to child abuse hotline in Illinois when schools closed.¹⁵

Children’s visibility in the community due to COVID-19 has significantly decreased.

Assessing abuse and neglect over telehealth

- Do you suspect abuse or neglect
  - Is the youth currently residing with alleged perpetrator
  - Being creative in telehealth sessions to engage in non-verbal exchanges
  - What are the safety and risk factors and how to respond

Signs of Abuse and Neglect Can Present Differently
Domestic Violence Victims Need Crucial Support

An estimated one in four women (24%) and one in seven men (14%) aged 18 and older in the United States have been the victim of severe physical violence by an intimate partner.\(^\text{16}\)

Practice Considerations:

- Understanding "safety" as something more than protection from assault
- Assess broader range of risks and evaluate their seriousness
- Supporting victims who reside at home or in close proximity to their abusers
- Determine the real consequences of any possible courses of action proposed to the victim
Adaptations for Conducting Suicide Risk Assessment

• Express concern and ask directly about recent suicidal ideation and behavior using a standardized tool.

• In addition to standard risk assessment, assess for the emotional impact of the pandemic on suicide risk.
  o Social conflict for those sheltering together
  o Increased financial concerns or worry about health or vulnerability in self, friends, and family
  o Decreased social support
  o Increased anxiety and fear
  o Disruption of routines and support

17
Evidence Based Suicidal Risk Assessment Available

The Columbia-Suicide Severity Rating Scale (C-SSRS),
- Identifies suicide risk
- Assesses severity of risk
- Determines necessary clinical response

Stanley Brown Safety Planning Tool
- Utilized to decrease risk of suicidal behavior
- Highlights specific set of concrete strategies
- Identifies providers and contacts to outreach in crisis
Telehealth Presents Challenges to Safety Planning

• Protective Factors
• Remote Risk Assessment
  o Asking more specific questions
• Reliance on Visual/ Verbal Cues
  — Maintaining rapport
  — Provider-Member Interactions
  — Changes in tone/volume or increased pauses in conversation
  — Telephonic vs telehealth evaluations
Risk Level Informs the Clinical Response

• Navigating Acute Response via Telehealth
  o Concerns providing remote crisis assessment
    — Utilization of supervision
  o Lack of control over patient
    — Responding to patient abruptly ending session
  o Technical Safety Planning
    — “Plan B” if you get disconnected
COVID-19 Requires Additional Considerations for Safety Planning

• Emergency Management Planning
  o Navigating involuntary commitment

• Intervention Available to Members due to COVID
  o Decreased treatment capacity
  o Resource availability

• Challenges avoiding Emergency Departments
  o Risk of exposure
Chapter 06 Questions
Chapter

07

Resources
Beacon COVID-19 Provider Resources

Coronavirus Provider Resources (Link)
Telehealth Resource (Link)
Provider Webinars (Link)

Additional Provider Webinars
1. Compassion Fatigue
2. Transitioning IOP/PHP
3. Navigating Billing
and others!
SAMHSA National Resources

SAMHSA has several written resources written specifically about distress and coping with infectious disease outbreaks. Available in English and Spanish.

Talking with Children: Tips for Caregivers, Parents, And Teachers During Infectious Disease Outbreaks

Disaster Distress Helpline Brochure
https://store.samhsa.gov/sites/default/files/d7/priv/pep12-ddhbro.pdf

Coping with Stress During Infectious Disease Outbreaks

Taking Care of Your Behavioral Health During and Infectious Disease Outbreak
https://store.samhsa.gov/product/Taking-Care-of-Your-Behavioral-Health-During-an-Infectious-Disease-Outbreak/sma14-4894
Here at The Hotline and loveisrespect, our primary goal is to support survivors 24/7. Given the impact of COVID-19, we’ve taken precautions to keep our staff safe. At this time, our highly-trained Advocates will be working remotely to ensure services and continue to support survivors.

We’re still here, 24 hours a day, 7 days a week. If you are in an emergency situation, please call 911. You can also check with DV / IPV programs and shelters in your area to see if they are able to assist you.

For anyone affected by abuse and needing support, call 1-800-799-7233, or if you’re unable to speak safely, you can log onto thehotline.org or text LOVEIS to 22522. You are not alone.
Resources

Talking with Children: Tips for Caregivers, Parents, and Teachers During Infectious Disease Outbreaks

Telehealth Tips: Managing Suicidal Clients During COVID-19 Pandemic

COVID-19 Tips: Building Rapport with Youth via Telehealth

Columbia-Suicide Severity Rating Scale (C-SSRS)
Resources

SAFE-T Pocket Card: Suicide Assessment Five-Step Evaluation and Triage for Clinicians
https://store.samhsa.gov/product/SAFE-T-Pocket-Card-Suicide-Assessment-Five-Step-Evaluation-and-Triage-for-Clinicians/sma09-4432

Disaster Distress Helpline Brochure https://store.samhsa.gov/sites/default/files/d7/priv/pep12-ddhbro.pdf

Coping with Stress During Infectious Disease Outbreaks

Taking Care of Your Behavioral Health During and Infectious Disease Outbreak
https://store.samhsa.gov/product/Taking-Care-of-Your-Behavioral-Health-During-an-Infectious-Disease-Outbreak/sma14-4894

Suicide Mortality and Coronavirus Disease 2019—A Perfect Storm?
https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2764584?guestAccessKey=b740a200-0c36-4446-a344-c52a3bd70c06&utm_source=fbpage&utm_medium=social_jamapsyc&utm_term=3269463573&utm_campaign=article_alert&linkId=86301907
Citations


Citations


Citations


