



ADA Live!

Episode 79 (Part 2 of 3): Protecting Your Mental Health during the Coronavirus Outbreak

Broadcast Date: April 8, 2020

Speaker: Debbie F. Plotnick, MSS, MLSP, Vice President for State and Federal Advocacy at Mental Health America

Host: Pamela Williamson, Assistant Director of the Southeast ADA Center

Debbie Plotnick: Hi, I am Debbie Plotnick, and you are listening to ADA Live.

4 Wheel City: (rapping)

Pamela Williamson: Good day everyone, on behalf of the Southeast ADA Center, the Burton Blatt Institute at Syracuse University and the ADA National Network, welcome to ADA Live, episode 79, part two. This is part two of a three part series on mental health and the coronavirus, COVID 19 outbreak. My name is Pam Williamson and I am the assistant director of the Southeast ADA Center. Listening audience, we encourage you to submit your questions about the ADA at any time at adalive.org. As you know, we are now in the midst of that ongoing coronavirus or COVID 19 pandemic. And although we understand the need for the directives from government officials that have disrupted our daily routines, in many ways, these changes are stressful.

Now, more than ever, people need to know about resources and initiatives that they can use to support their mental health in these extraordinary times. Our guest today is Debbie Plotnick, Vice President for mental health and systems advocacy at Mental Health

America, also known as MHA. We will be discussing the resources, programs, and advocacy services offered by Mental Health America. And Debbie, we welcome you to ADA Live.

Debbie Plotnick: Well, thank you, Pam. It's my pleasure to be here today, Mental Health America looks forward to engaging with your listeners and to offering resources and supports.

Pamela Williamson: Well, fantastic. Well, let's get started then and talking about the programs and initiatives of Mental Health America. I understand that Mental Health America promotes the mental health and helps prevent mental illness through advocacy, education, research, and services. Can you tell us more about these initiatives in the various areas?

Debbie Plotnick: It would be my pleasure, Pam. Mental Health America is the nation's oldest mental health advocacy organization. We began in 1909 and we trace our foundings back to a person with lived experience, named Clifford Beers. We have more than 200 affiliates in 40 states all across the country. We put first and foremost the voice of lived experience first. Our affiliates across the country have many, many types of services and supports. Some of our MHAs are very large service providers that do everything from mental health, from soup to nuts, therapy, outreach, homeless housing.

Some of them are just education and cultural change organizations. Some of them just work on legislative advocacy, so all across the country we're involved in everything that has to do with mental health and taking it from, again, that point of lived experience. But the thing that's most important for us is that we really focus not only on the voices of people involved, but we look to prevention and early intervention. Prevention for all, early intervention for those who are risk. Integrated care and services for people who need it, and always recovery as the goal.

Pamela Williamson: Debbie as I was reviewing the Mental Health America website, I noticed that there has been overall increase in anxiety screenings on your website since

the middle of February when the concerns about the coronavirus really began to grow. Can you tell us more about this increase in the statistics you're seeing?

Debbie Plotnick: Yes, Pam. Thank you so much for asking. One of the things that our screening website has allowed us to do is to track in real time how people are experiencing increases in anxiety and let me assure folks that when they come to our website and take a screen, it will also lead you to screening to supports. So it will offer information on how to help feel a little less anxious, but let me get to the numbers. So for example, the week of February 9th through 15th we have fewer than 2000 folks coming to take the anxiety screen.

If we jump forward to the following month, the March 8th to March 14 so it's approximately a month, we then were seeing almost 2,500 people coming to take the screen. So that's a rather large increase in the weekly numbers of people that are coming. Those are people coming for a week. We're also seeing, that is most concerning, is the severity of the results of the screen.

In October, fewer than 70% of people, which is still a lot of people, just about 70% of people were screening moderate to severe. About 30% of the people who were taking the screen were screening minimal to mild. Jump ahead from October to March, and we're seeing that almost 76% of people who are taking the screen for anxiety are screening moderate to severe, and we're seeing far fewer people who are screening minimal to mild as we would expect as the moderate to severe has gone up. So folks indeed are feeling more anxious and they are reaching out to check their anxiety level. But let me once again assure folks that there are many good supports, treatments, and resources available to you.

Pamela Williamson: Wow. Those numbers are really staggering. And I know that in addition to this data that you're seeing from these screens on your website, and you've also mentioned you've got affiliates across the country, what are you seeing that many people with mental illness are seeking the most during this coronavirus outbreak?

Debbie Plotnick: People are seeking supports with each other. One of the things that is very, very important to Mental Health America are... One of our number one priorities is peer services. Again, people with lived experience who are specially trained, helping other people with lived experience. Research shows that having had that lived experience really help create a strong bond right away and make it easier for people to connect.

I will tell you that our MHAs around the country who provide peer support services are continuing to do so. People are looking to know that the kinds of supports they've been able to get before are still available to them, and they are. Our MHAs like everyone else, is having to be very creative and figure things out as we go along. I'll give you a concrete example of what one of our affiliates is doing in terms of their warm line where people who would like to talk to someone who are feeling uneasy.

Well, they were based in their offices in East Tennessee and what they have done is they have given all of their peer support specialists who man those lines a cell phone, sent them home, and then are referring people to call those cell phones so that they can still provide those supports and services. People are looking for information. Our MHA website provides all kinds of resources with respect to mental health and other resources to support in their lives at mhanational.org/covid19 there's lots of good information there which is why we are updating it constantly.

Our MHAs are trying to modify the types of services that they do so that they are able to do it online. As we're speaking, Pam, I'm watching several screens at once and my colleague who just sent the numbers to us said that the severity of the anxiety screens is up too. So more people are coming and more people are screening with higher levels of anxiety than previously before.

Pamela Williamson: Well, it is so good to hear that Mental Health America and your affiliates are here to provide these various services, peer support, the information and also being able to creatively modify the way the services are provided. So how can people get access to these peer support services? Obviously you gave your website a while ago, but how do they get in touch with their local affiliate with Mental Health America?

Debbie Plotnick: Well, on our website you can also just put in your zip code and it will advise you as to the closest affiliate. We also link to some other resources that are out there for people, and our affiliates if they don't provide the types of services that we've talked about, they will refer you to who it is in your locality that does.

Whether it's another community mental health provider or organization. One thing that I'd like to stress is that people are able to continue to get the services and supports that they need and are used to. And it's not just through our MHAs, but that therapy services and other kinds of health services are moving to Telehealth. That will play a huge role as we move through this difficult period.

Pamela Williamson: Well, Debbie, thank you so much for this information so far. At this time we are going to take a break and I would like to remind our ADA Live listening audience, if you have any questions about this topic or any of our other ADA Live topics, you may submit your questions online at www.adalive.org or call the Southeast ADA Center at 404-541-9001. Now, let's pause for a word about our featured organization, Mental Health America.

Voice-over Announcement: Founded in 1909 by Clifford W. Beers, Mental Health America or MHA, is the nation's leading community based nonprofit dedicated to addressing the needs of those living with mental illness and promoting the overall mental health of all Americans. MHA's work is driven by its commitment to promote mental health as a critical part of overall wellness, including prevention services for all, early identification and intervention For those at risk. Integrated care, services, and supports for those who need it, with recovery as the goal.

During his stays in public and private institutions, Beers witnessed and was subjected to horrible abuse. From these experiences, Beers set into motion a reform movement that took shape and is known today as Mental Health America. MHA's programs and initiatives fulfill its mission of promoting mental health and preventing mental illness through advocacy, education, research, and services. MHA's national office and its 200 plus affiliates and associates around the country work every day to protect the rights and dignity of individuals with lived experience and ensure that peers and their voices are

integrated into all areas of the organization. For more information about Mental Health America, please visit www.mhanational.org.

Pamela Williamson: Welcome back, ADA Live listening audience. We are speaking with Debbie Plotnick, Vice President for mental health and systems advocacy at Mental Health America. Paul Gionfriddo, the current President and CEO of MHA recently stated, "For the general public, the mental health effects of COVID 19 are as important to address as are the physical health effects." Gionfriddo discussed three groups that can address and promote effective mental health practices during this time.

These groups include individuals, professionals and clinical providers who interact with both people who are ill and well, and policy leaders. Now, Debbie, at this time I'd like for us to discuss some of these areas of specific and ideas and actions, so let's start with the individuals. What are some practical tips for individuals who are in quarantine or isolation at home to address their mental health?

Debbie Plotnick: Pam, this is a really important question and I think that one of the things that is both frightening and also consoling is that we are all facing this. We are all in this together, and if we can remember to reach out to others to make sure that while we may be practicing physical distancing, we are not practicing isolation from each other in terms of connecting. Telephone, email, FaceTime, Google Hangouts, whatever it takes so that we can connect to people we love and not feel so alone. That's one of the most important things that we can do.

Another thing that is really important, we talked a little while ago about how the number of our anxiety screens are going up and the level of severity of folks taking the screens is also going up. For individuals to remember that that is a response that is actually, believe it or not, a healthy response. How can we all not be frightened in this time of great uncertainty? So if we keep that in mind that it's important to remember we're all experiencing it and the way to help us to feel a little more comfortable is to reach out and maintain our connections can also be very, very helpful for us to maintain our daily routines.

For many people, working at home is a new experience. I'm a person who is used to working remotely and traveling all around the country, and I'll tell you that on the days when I'm home in my home office, I get up at my regular time, I get dressed in... maybe not my business suit as if I were on Capitol Hill, but I get dressed nicely, I get ready, I go through the routine, I start my day. But now that we have a little bit of a different situation, people can give themselves permission if they need to step outside and if they can just take a walk around where they live in their neighborhood. Not hanging out with lots of folks, but getting a little bit of sunshine and fresh air, taking a break if they need to do that during their workday, give yourself permission to do what you need to do to support yourself.

Individuals also might take some time to reach out and do some things they've always wanted to do. Maybe learn how to do some yoga or some meditation. There's wonderful resources online for things like that. So those are some of the important things that individuals who are at home and who are isolated and who are under quarantine might do. We are really in this together and it's difficult and I think we're all acutely feeling that, but if we just touch base with each other, it really makes a difference.

Pamela Williamson: Debbie, these are excellent tips. We've implemented a lot of this in my home also, because my husband is working from home for the first time in his career, but he is maintaining his schedule. Then I've also had friends and colleagues who are using creative ways to stay connected via video calls and still celebrating life. I think has allowed us all to expand our creativity as we do that.

Debbie Plotnick: Absolutely. We have holidays coming up and instead of feeling like we're missing the holidays, we can all work together to find some creative ways to do in our own homes, but together with our loved ones reaching out to them as we do our celebrations.

Pamela Williamson: Exactly. Well, let's move on to our medical care professionals and clinical organizations because most of them are transitioning to telehealth as we mentioned, or have a limited in person support. What recommendations do you have for

those people who are treating individuals who have mental health issues or need to have counseling?

Debbie Plotnick: Well, one of the things that we have been watching and really advocating for over the last few years very strongly is an increase in telehealth. Now we're finding we're forced into this situation, but it's not a negative situation to be able to do it. Telehealth especially if you can do video is very helpful. Now, one of the things that really can make a huge difference in being able to do it is some folks don't have access to video via telehealth, is that the rules and regulations in Medicaid have been relaxed around telehealth so that there's much more leeway to do telehealth than there has ever been before.

State plans, all you need is a little amendment. Many of the States, most of them have stepped up and said, we're going to switch to telehealth. Many of the private insurance organizations are encouraging telehealth. We're seeing that common sense when it comes to social distancing, which is so important for getting this epidemic under control and shortening the duration where we'll all have to be home-bound and isolating from each other.

Telehealth will be a wonderful tool. Telehealth will also be a tool that we hope will continue. Part of the reason we hope that will continue is that it makes it easier to see more people, for more people to have access, for our friends and neighbors and loved ones who live in whirl areas and folks with disability issues. Our audience that we're speaking to transportation can be a huge problem.

Telehealth can be a wonderful resource. That's very helpful for the practitioners who were using it to help people who it's new to. To tell them that this can be a wonderful resource, can make things more accessible and easier for them, especially in this time but perhaps even as we go forward.

Pamela Williamson: Debbie, I agree that the telehealth has been a real boost and I agree and hope that it will continue to be as I was able to assist a close family member with accessing telehealth last week for the first time ever. It kept her safe from exposure

to the virus and also to still allow us to be able to get her the help she needed. I'm looking forward to this being an expanded option.

Debbie Plotnick: I was just going to say it keeps the practitioners safe as well.

Pamela Williamson: Exactly. Well, let's talk about our policy leaders because we know that this is a time of uncertainty for them also and they're dealing with something that we really never seen before of this type in our country at this level. What guidance and recommendations do you have for our policy leaders?

Debbie Plotnick: I do have some recommendations for our policy leaders. There are some very practical ones. I'll tell you some of the ones we've been working on. We mentioned telehealth and loosening those restrictions. We have made great progress over the last two weeks in loosening restrictions on telehealth. We still have one area where it's not as flexible as we'd like it to be and Mental Health America in conjunction with our other national mental health collaborators is working on this, and this is in Medicare.

Medicare still has some barriers up in terms of telehealth that they also want there to be video or to be from a standing location or that people have had an existing telehealth relationship. We're working very hard to move those barriers out of the way. I do feel very optimistic that we will be able to do so in the very near future. But one of the things that really will make a difference for our policymakers is to think about things that make sense.

We talked about protecting the individuals who need services. We talked about protecting the people who provide services. It's very important that not just in mental health but in all health and social service related programs, people think about common sense. They know the regulations. Say you're supposed to have face to face or you're supposed to have so many visits per month or whatever the regulations maybe with what you're dealing with.

This is particularly true in vulnerable populations like children and older adults. Well, we really are working hard to encourage people to do what is safest for their constituency and for their employees because we know even though these regulations may still be in

place, when it comes down to it, I don't believe anybody's going to go and do a court challenge that will say you didn't follow the rules under these extenuating circumstances.

We urge policymakers to think first, common sense, safety and still being able to provide the services that will make a huge difference. Other things that we hope will be more flexible, we're starting to see more flexibility in very important areas like getting people insurance coverage. A number of States have re-opened their affordable care act enrollment periods so that under these extenuating circumstances people can sign up for the affordable care act protections.

We're seeing States go back to using what is known as presumptive eligibility for Medicaid so that more folks are able to be presumed that they have coverage and get them services that they need under Medicaid. I will tell you on my personal wishlist for policymakers is for the States that haven't expanded Medicaid to do so, so that we can attend to all of the health needs of individuals when we are not attending to every health need that people have.

Especially in this time when they're concerned about being affected by COVID-19, they need to rest assured and to be able to have that insurance protection. They need to have mental health services to help them deal with the things that we know that we will see. We know we'll see people who are having increased levels in depression from being isolated and alone. We're already seeing in real time the anxiety here. It's very, very important that we expand coverage to services, support mental health, and all health care coverage needs.

Pamela Williamson: Debbie, I think this has been a great way to pull it all together. The three themes I keep hearing and all of your responses are common sense, flexibility and attending to all health needs. I think that we need to remember that as we continue to move forward during the coronavirus COVID-19 pandemic and also as we move into the future.

Let's switch gears a little bit. We've talked about policymakers, we've talked about folks who have mental health disability or may need mental health support. What are some

other types of legislative advocacy that you may be doing for the organizations that provide these services?

Debbie Plotnick: Wonderful question Pam. We are doing a great deal of advocacy over the past two weeks in the relief packages that have come out. The first two weren't as supportive as we would have liked for nonprofit organizations in this package that just passed this past week. There have been more things that will make a big difference to organizations that provide healthcare services and supports.

There are deductions for charitable contributions to be able to be deductible now up to \$300 on people's income taxes. That's a little bit of the help. It also helps nonprofits. One of the things that we work very hard on over the last few weeks, that in various versions of these bills there were not going to be loans and grants to nonprofit organizations that took Medicaid and we were able to remove that.

Now organizations that take... Nonprofits that take Medicaid are still eligible for the grants that are there. We know that it will be helpful to them to be able to have loans and grants and supports for the increased equipment they have to buy for telehealth to keep their folks on the payroll and to keep running smoothly. We will continue to work very hard for those things as we go along.

Pamela Williamson: That sounds great. We'll look forward to continuing to hear more out of Mental Health America, just [inaudible 00:28:57] that you're doing. Debbie as we are getting ready to wrap up for the day, are there any other resources and supports that may not have been mentioned yet or ones that you want to make sure we hear again that you can recommend to our listeners who may be having issues or struggling with their mental health at this time?

Debbie Plotnick: Pam, thank you. We'd like to thank you for inviting us for including Mental Health America. Please remember all the things that we talked about earlier about keeping in touch, reaching out, getting the contact that helps you feel better. Yes, from a distance and I think you summed it up really beautifully about common sense and routine and reaching out to each other.

Those are very, very important but I would encourage individuals to take a look at our website. We are updating the COVID-19 pages every single day. They are being updated. We are tracking the number of people who come to take screens. If you are feeling very anxious, please do come and take a screen. If you are feeling that perhaps there are some other kinds of things going on, come and take a screen. The reason I recommend taking the screening is that we will then offer... Following the screens, our website will move over to what we call S to S, screening to support.

We think that can be very helpful to people as well folks who are dealing with mental health conditions as ongoing, as primary and also people who are experiencing the fear and isolation right now or people who have other kinds of health conditions. We know that with all chronic health conditions, there's always a component of mental health that comes in there. We know there's folks who have ongoing mental health conditions. Also often have co-occurring other health conditions.

We cannot continue under the old paradigm of bifurcating people. Literally cutting them off at the neck. We must attend to whole people whole health. We know that things are difficult. Tons of uncertainty always leave us a little more anxious. We know there are more changes that are coming, but please know that we at Mental Health America have lots of supports for you.

Come and see us at mhanational.org. We also encourage you to reach out to us by clicking on the contact us section and tell us about the things that are happening in your State. The things that are happening that are making it easier for you. We'd also like to hear about some of the barriers that people are encountering. We also would like to hear from people in the field.

If you have some stories about being denied coverage. That's something we like to track and use in our advocacy. We don't wish that folks will have difficulty, but we know that sometimes they do. If you're not able to get your telehealth or you're being told that you'll have to pay more out of your pocket or things like that. We work very hard to make sure that there's parity in insurance coverage.

That you are having the same level of out of pocket costs and same availability of access to mental health services as you do for any of your other health services. I can't make any promises that we can solve problems for folks, but what it's very helpful for us, for our advocacy is to be able to track the issues that people are having. We are delighted to be able to offer you information and we welcome your information as well. Thank you so much Pam and to all of your listeners

Pamela Williamson: Debbie, we thank you and Mental Health America for really working with us to do this podcast and for sharing the important work that you're doing because as you said, we're all in this together and we are very appreciative of your time. ADA Live listeners, we thank you for joining us today for this episode. For any questions and comments on this podcast, you can submit them anytime online at adalive.org.

Also, please remember the Southeast ADA Center has developed a comprehensive resource site for coronavirus COVID-19 information. You can find this information at adasoutheast.org/coronavirus C-O-R-O-N-A-V-I-R-U-S. You may access all ADA live episodes on our website at adalive.org. Each episode is archived for streamed audio, accessible transcript and resources. You may also listen to the SoundCloud ADA Live channel at soundcloud.com/adalive. Download, ADA Live on your mobile device podcast icon by searching for ADA Live.

Listening audience, we also want to encourage you to celebrate, learn, and share the 30th anniversary of the ADA. We have available year round and on July 26, 2020. Check out the ADA anniversary toolkit from the Southeast ADA Center and the ADA national network. The toolkit features, logos, social media posts, monthly themes, and other resources to keep the celebration going. Visit www.adaanniversary.org.

Once again, if you have any questions about the Americans with disabilities act, you can submit your questions anytime online at adalive.org or contact your regional ADA Center at +1 800-949-4232. Remember all calls are free and confidential. ADA live is a program of the Southeast ADA Center. Our producer is Celestia Ohrazda with Beth Harrison, Mary Morder, Emily Reuber, Marsha Schwanke, and Barry Whaley. Our music is from Four Wheel City: The Movement for Improvement. See you next episode and be safe.

4 Wheel City: (rapping)

[End of Transcript]

Disclaimer: The contents of this publication are developed under a grant from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR grant #90DP0090-01-00). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). The contents of this publication do not necessarily represent the policy of NIDILRR, ACL, HHS, and you should not assume endorsement by the Federal Government.

The information, materials, and/or technical assistance provided by the Southeast ADA Center are intended solely as informal guidance and are neither a determination of your legal rights or responsibilities under the Act, nor binding on any agency with enforcement responsibility under the ADA. The Southeast ADA Center does not warrant the accuracy of any information contained herein.

Any links to non-Southeast ADA Center information are provided as a courtesy, and are neither intended to, nor do they constitute, an endorsement of the linked materials. The Southeast ADA Center provides these links as a courtesy and does not endorse, take responsibility, or exercise control of the organization nor vouch for the accuracy or accessibility of the contents of the link destination. The information is intended solely as informal guidance and is neither a determination of legal rights or responsibilities under the ADA, nor binding on any agency with enforcement responsibility under the ADA.

Contact for More Information or Assistance:

Southeast ADA Center

Email: ADAsoutheast@law.syr.edu

Phone: 404-541-9001