



NAMI Ask the Expert: COVID-19 and Mental Health, April 7, 2020

Presented by

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Ken Duckworth, M.D., Chief Medical Officer, NAMI

Teri Brister:

As we've mentioned, your phones are muted. We can't hear you, but you can talk to us in the chat pod over to the left, if you have a question or a problem about the way the webinar is working. But if you have a question for one of the presenters, please type it in that lower left-hand box that says Q&A. When you hit enter, the question will disappear. But it shows up on our side and Ken Duckworth, our chief medical officer will be moderating the Q&A session at the end.

Once the presentation is finished, again, Dr. Duckworth will be sharing the questions with Darcy, our presenter. He'll be taking some of them as well. And again, we also have Dan Gillison, NAMI CEO on the call.

Ken Duckworth ([00:01:48](#)):

Welcome everybody. This is Dr. Ken Duckworth. I'm very fortunate to be the chief medical officer for national NAMI. I do want to acknowledge this is the biggest crowd we've ever had. For those of you who haven't attended ask the expert, we pull together the best scientists and researchers in the country. We discuss all the latest treatments, research and ideas with independent experts. Here's our CEO, Dan, who's ready to do the introductions. Thank you.

Dan Gillison ([00:02:20](#)):

Thank you, Ken, very much appreciated. Thank you, Teri to you and your team. We have great appreciation for your work in putting these together for us. And this is the ask the expert. So, this is your session.

We have representatives, in terms of the audience from Ohio to Puerto Rico, to Montana, to Sioux Falls, South Dakota, to Vancouver, British Columbia, and Hawaii. So, we want to thank all of you all for taking the time out to participate in this session. This is your session and our two speakers are incredible and do a great deal of work across the domestic US, in terms of their body of work.

First, Dr. Ken Duckworth, is NAMI's Chief Medical Officer, you were just hearing him speak. He does great work in the mental health space. And many of you may have seen him on CBS or PBS

or some of the other networks. So, he speaks for us very often, both externally, and then he helps the staff internally as well.

In addition to Dr. Duckworth, we have Darcy Gruttadaro, who is the National Director for the Center for Workplace Mental Health for the American Psychiatric Association Foundation. Darcy actually presents and shares information about workplace mental health-

To organizations from the private sector to the federal government, to nonprofits, to universities, to office of personnel management. Darcy is a great colleague and friend of NAMI and has done her body of work over the last 20 years, has included some incredible work in the mental health space for NAMI.

So, with that said, I'd like to turn the floor over to Ken and to Darcy.

Darcy Gruttadaro ([00:06:05](#)):

I'm really happy to be here and I just want to say that it feels great to be back at NAMI. I spent 17 years at NAMI and NAMI is a wonderful organization and really, I think the audience size here is a real testament to the unbelievable work that NAMI does.

I just want to say this is a really challenging time for everyone. And we put out about two weeks ago, a new guide, which there's a link to on the screen called Working Remotely During COVID-19: Your Mental Health and Wellbeing. As Dan mentioned earlier, I do work with employers from around the country. I work now in the private sector, helping employers understand how to effectively or better address mental health within the workplace.

So, we put this guide together and although the title is working remotely, the issues that are within the guide really apply more broadly to whether you're working remotely or not working remotely, many of these issues apply across the board. I'm going to go through many of the issues in it and talk a little bit about how we're working with employers in addressing these really challenging times.

So obviously, as many of you are undoubtedly aware, it goes without saying, this is a tremendous time of uncertainty, fear, high anxiety and stress. Certainly, it's highly disruptive and we're really in uncharted waters here. So, people are wondering, when will this end?

I would say certainly I don't have to remind any of you about the issues that are causing... Will I keep my job or get a job, because I lost my job? Will we ever get back to normal? How do we juggle kids, family, job? How do I stay healthy and productive while I'm incredibly distracted and stressed out?

So, really, my new mantra is two things, one day at a time, which I borrowed from the substance abuse community, which I think is very appropriate for this time. And also, we may be apart but we're not alone. That was on the cover of Time Magazine and so it's timely. I think NAMI has done such a wonderful job of reminding people they're not alone.

So, I'm going to talk a little bit about what we've advised in our guide for employers to share with their employees. Our guide, by the way, in 10 days has had 35,000 downloads. So, we've been really amazed, by Friday, it was 15,000, by Monday it was 34,000. So, the guide has really, I think, struck a chord with many.

Some of these things are so obvious and common sense, but it's especially important for people who have been impacted by mental health conditions already to keep your immune system strong. That's nutrition and eating and sleeping well and trying to keep your stress level down, although it's incredibly hard. Prioritize personal hygiene. We've heard this from leaders across the board, wash your hands, stay within six feet of other people, try to stay at home. Try not to get out if you can help it. Although we certainly have essential employees who are out working. Get fresh air and get creative. Some people are planking at three o'clock in the afternoon with friends and co-workers. We have a coffee time twice a week with our team online, so it's optional, but you can bring your mug of coffee and reconnect via Zoom. So, we have a video connection with our colleagues.

Exercising and staying active, obviously. Setting work boundaries, because for those who haven't worked from home and I think based on the poll that was up earlier, that is the majority of you, it was certainly true for me. Setting work boundaries is important, to know when to close your desktop, your computer and really focus on family and personal time. So be sure to not work 12, 14 hours a day. Really try to keep it to a reasonable schedule, especially now while we're trying to stay healthy.

And then you're going to hear a theme throughout this, which is stay connected. I'm going to talk a little bit more about that.

Again, in terms of prioritizing mental wellness, our guide has a sample schedule. You have to make a schedule that works best for you. So, it's important to figure out, what is my day going to look like? What is my regular schedule going to look like? And then really sticking to it.

Using technology to stay connected with your support system. For people that are experiencing existing mental health conditions and caring for a loved one that has an existing mental health condition, it's really important to continually stress staying connected with family and friends and peer support and your NAMI group.

Also, staying informed about what's going on in the external world, but limiting media consumption. The media is continually sharing factual information, but also at times, it can be a bit much. So, limiting your time to learning about the basic facts of the day from the media, but not sitting in front of the television or the radio all day is best.

And then also not to forget to engage in activities that bring you joy and distract you from the challenging world outside. So that can be anything from yoga. And by the way, there are so many free online options around yoga, meditation, mindfulness, guided mindfulness. There are new recipes, there's an endless number of things that can distract you. So, find those things that will take you away from the news of the day and really help you focus on the things that make you feel good about life. Even though many of us are constrained within the small confines of our home or our dwelling.

So then when it comes to managing a mental health condition, obviously this presents all kinds of new challenges that people have not experienced before. So certainly, people have broken routines and routines can be very important when you're experiencing mental health challenges. People are isolated. Whether you're in the house with others or you're by yourself, isolation can really take a toll. Loneliness is a major concern. So, it's really important that we check in with each other. And this is a really important time to check in with each other.

Then, disruption in care, and I'm going to talk a little bit about that when I talk about treatment. And also, difficulty in managing symptoms. Because we are out of our regular routine. We may be stressed out and not sleeping as well, which can really exacerbate symptoms. We may not be on the schedule we're used to, we may not be getting out in the community, where we have connections with people that are part of our support network. So, this can really lead to setbacks in recovery.

I would say the one silver lining, that is probably the only great silver lining here, is that mental health is really getting a huge amount of airtime. And what we're seeing with many of the employers we work with, which is everything from [inaudible 00:14:03] companies to small mom-and-pop shops, they are really concerned about mental health and they're talking a lot more about it.

And they are recognizing that our mental health system in this country is fragile, and that we really need to, as part of the process of getting through this pandemic and moving beyond it, because mental health will remain a major concern for the next couple of years, that we really need to work together. Private sector, public sector, we all need to really be focusing on, how do we address the fragile nature of our mental health and substance use treatment system?

So, in terms of continuing treatment, obviously, it's important that people maintain their treatment plan. And this can be challenging, again, but it's really important to remember what it is that you and your treating provider decided was best for you and sticking with that. So, if it's therapy and medication, making sure you have enough medication, first of all. And there are many people that are asking for 60 to 90 days' supply, they may have had a 30-day script, they're now asking for 60- or 90-days supplies, so they don't have to travel to the pharmacy.

And that's very important. Again, staying in touch with your support team. Now more than ever those connections matter, and also checking in with each other and I think NAMI provides wonderful opportunities for support. I know the helpline numbers have really been up. There are many more reaching out for help through the employee assistance programs with employer situations. So that is an available resource for you.

Those EAPs or employee assistance programs should be seeing upticks in the number of people calling them. They have counselors on staff, that's what they're there for. So, if you are employed by an organization that has an EAP, by all means, please reach out.

Also, asking your providers about virtual visits. What's really interesting is that tele mental health, the process of having practices convert over into tele mental health practices has just happened at breakneck speed. So, I would say nearly 100% of providers, I think 90% of mental health providers are now providing telephonic and video-based meetings. So, make sure you've checked in with your provider about how care is being delivered. That's very important as well.

Also, really keeping in touch with and this is something that we're sharing with employers, who are expressing concerns about mental health. We're reminding them to remind their employees that if you are experiencing a mental health condition, make sure you're monitoring your symptoms for changes. And then consider using mindfulness to check in on your wellbeing and really find a quiet space to be thinking about, what were my symptoms before this, what was I experiencing before this? What am I experiencing now?

And then if people are concerned with physical health symptoms, because we're all feeling anxious and we're all feeling concerned and stressed about the fact that we may contract this condition, what does it look like? What are the symptoms? It's not entirely clear, people are sharing different information. Don't be afraid to call your primary care provider, certainly call them first if you're concerned you may have been exposed. Or you may have a cough, a dry cough, some of the symptoms they're associating with COVID-19. Make sure you call your primary care provider first; they'll give you guidance on what the next steps are.

I would think that people with anxiety who may already worry about their health, or obsessive-compulsive disorder, they may be very concerned about physical symptoms. Calling a treating primary care provider can really help to set your mind at ease, in terms of what you may be experiencing.

I think the next bullet, try to keep your stress level low, is really challenging. We're all feeling tremendous stress. And this is where we can share ideas with family and friends about things that are working. So, find whatever it is you need by engaging your support network, to really keep your stress level in check. And then share things that you've experienced, that work well for you with others who might benefit from that.

And again, staying engaged with family and friends. This is the absolute key time to be asking for extra support, especially if you're someone who's living with a mental health or substance use condition, who could be really struggling with the anxiety and stress and uncertainty that's coming with this condition, I mean with this pandemic.

So, in terms of what's at stake, this is pretty obvious. But we're obviously and employers are very concerned about and that's really the group that I work most with. They're really concerned about people developing a mental health or substance use condition. And this is especially true for those who work in the healthcare delivery system.

There's a new survey study that just came out from McKinsey. I just got a notice about it right before this webinar started, showing that 70% of the healthcare workers in China are experiencing trauma right now. And so, they're coming out of what we're headed into or in some places are in full blown experience, they are experiencing trauma.

So, the good news is we are seeing many things happening in the healthcare space. We work with some psychiatrists as part of my advisory council who have that they have developed at the hospital they're at, physician support groups. Those physician support groups, in fact, the psychiatrists that I've been working with on our advisory council said I've never seen support groups among physicians like this. People are showing vulnerability. They're sharing their fears. They are bringing down that kind of exterior tough culture that often comes with physicians and practicing medicine. So, it's really great to see that they're willing to share and be vulnerable and... these conditions.

Also, when you look at the numbers around depression, anxiety, the big concern is that the younger population, the 18 to 25 age group have the highest incidence. And these are young people just starting out in their careers, many may be losing their jobs. So, a lot of concern around young people developing these conditions.

And then of course, a worsening condition, because this situation would lend itself very obviously to people having a worsening condition. And that's where access to care is critical. I

know that the American Psychiatric Association, NAMI, Mental Health America, the National Council, there are many groups fully engaged with congressional members, with the executive branch, with state governors, with local political leaders, to really be thinking about how do we improve access to care? How do we extend what we're learning about tele psychiatry and tele mental health? How do we improve the care that's delivered in communities, so it's timely, effective and affordable? Because so many mental health providers are out of network and people cannot afford to pay out of pocket.

And then the third area is someone who may be in complete recovery, may be at risk for relapse. And that is a big concern, especially with people experiencing substance use disorders, and those who experience mental health and substance use disorders, because they are so accustomed to group therapy and support, they receive from peers and support they receive in group settings. And obviously, those are happening in a more limited and a different way online. And that doesn't necessarily work for everyone.

So those are really some of the risks that we've identified as areas of concern, that employer, we're sharing with employers, and we're really talking about how do we build the kind of mental health system in this country that we've always needed and that we've neglected and/or ignored? So, I just want to talk about, as my last slide here, the four areas that we are really advising employers of all sizes to really focus on, as they're supporting their employees.

So, whether this is a NAMI state organization or a Fortune 50 company, so many of these things, or school. I noticed there are people from all different professions on this webinar, which is wonderful.

One is, the first one I think is really important, which is leadership. So, people need reassurance right now. They need leaders, they need CEOs, they need school superintendents, they need leaders who are willing to say, this is a very difficult time. They need to be willing to be vulnerable and say, we're all experiencing high periods of stress, anxiety, uncertainty. They need to reassure people; they need to show empathy and compassion and say we understand that people are experiencing tremendous challenges.

We are not expecting people to be performing at their peak level. We know they're juggling many things at home. Showing that kind of empathy and compassion is important, and most importantly, what we have shared on multiple webinars with employers is make mental health visible. Say, as a CEO of a large corporation, mental health matters. We understand people experience anxiety, depression, bipolar disorder. Their loved ones may be experiencing serious mental illnesses. And they need to be supported, not just now during this pandemic, but at all times. And if CEOs and leaders have personal connection to mental health, we highly recommend that they share that. Because that opens the door and makes it acceptable for other people to come forward and feel safe, sharing information.

The next thing is communication and connection. Check in often. What we tell organizations across the country is check in often not just on work, but also on life. And if it's possible to check in through video like Zoom, and by using other video means, Skype, Google Hangouts, do so, because it's important to see each other. It's a reminder that the folks you work with and you connect with in your support network is out there.

And then also be available, be a trusted source for information. And for larger organizations, we say create FAQs, because people are asking the same questions over and over again. And it's important to have that information available, send it out in a regular email, so that people be continually reassured.

Flexibility is essential. What we advise employers is to be reasonable with expectations. We need someone to mute. Someone just joined who has a loud background. If you could mute your line. That'd be great. Thank you.

Ask what support is needed and provided. We understand that jobs must be done regardless of what industry you're in. But people are highly distracted and stressed, so flexibility is essential. We're all distracted, right up to the C suite or right up to the business owner or right up to the NAMI leader. We're all distracted, we're all stressed, we have to be flexible with each other.

And then finally, and I think very important for the NAMI folks is ensuring access to care. So, we were able to... in waiting, from HIPAA health privacy rules. We've seen health plans quickly recognize the need to reimburse, not just for video-based care, but also for telephonic care.

What we want to ensure is that whatever barriers existed going into this, that didn't allow people to easily access care, that those are removed, and we do not go back to practice as usual. We want employers to remind their employees about employee assistance programs, to share that information, to let people know that early identification of mental health issues is the best way to get early treatment and achieve the best outcomes. We know that for nearly every mental health condition out there, early treatment and early care leads to the best results. So, we want to remind people who may be experiencing their first bout with mental health and substance use, this is essentially very, very important.

And then finally what I would say is, we really want to look at this as a period of what are we learning? Are people benefiting from the care they're receiving, from tele health, tele mental health, tele psychiatry? Are they getting timely, effective and affordable care? What barriers should permanently be eliminated? How are we measuring outcomes in this new time period now and going forward? How do we ensure that primary care is well positioned to deliver affordable, effective mental health and substance use care?

Because ultimately, we are going to have a major influx of people that need help. And our specialty mental healthcare system will not be equipped to address the volume of people that come forward and need help. So, we want our primary care providers to be working with specialty mental healthcare, so that we can address the fact that we have workforce shortages in this country, but we're using the limited specialty care we have more wisely.

So, with that, I am going to turn it over to Dr. Duckworth, who will take it from here.

Ken Duckworth ([00:28:44](#)):

Thank you, Darcy. That's very helpful. And her guide is in the materials for this meeting. I just want to talk as a psychiatrist from a mental health perspective, what I'm seeing is, pan anxiety across the country. And I encourage people not to try to ignore your anxiety, but to pay attention to it. We all have smoke detectors built in our brain to perceive threat. And there is actually a genuine threat. It happens to be microscopic and impossible to see. But hopefully you

can have enough anxiety to maintain your social distancing, which is working. We prefer the term physical distancing, because you do have to stay connected.

But the idea that we're dealing with anxiety, and that anxiety can make other things worse, including mood disorders, including substance use disorders, including panic disorder, obsessive compulsive disorder, post-traumatic stress disorder. This is a stressor for everyone who has a pre-existing vulnerability.

So, when NAMI says you are not alone, which is one of our calling card statements about living with a mental health vulnerability, this has never been more true than it is now. And I am somewhat hopeful that there will be an empathy, a response because everybody has now experienced something between anxiety, fear or terror depending on their own proximity and experience of someone in their own lives or their own vulnerabilities.

So, let's talk about some basic psychiatric, psychological cognitive strategies. I'm just going to go over this first slide, some basics about how to think about things. So, we are anxious. And the idea is if you look at cognitive behavioral therapy, which has great data, to support the reduction in anxiety for people with anxiety disorders, is check your automatic negative thoughts. We are going to have negative thoughts; we have to check them and not endorse them as a belief that's going to come true.

You have to be able to plan for the worst. But as the old expression goes, hope for the best. But that really means not endorsing or believing your most automatic negative thoughts. And so critically examining your thoughts is an important point, because it is easy to go down a rabbit hole.

I would also encourage people to limit their media dosing. Because media dosing, while useful to keep the big picture in mind does also convey anxiety. Because there's a lot of worse things happening, but also because the media likes eyeballs, and they tend to play up some of the things that are unsettling.

So, from an anxiety management strategy, checking your automatic negative thoughts. Some people benefit from meditating. I don't recommend that to everybody, because some people feel that when they're so anxious, meditation is not a good strategy. I would say work with the strategies that you have found useful to yourself before, under conditions of stress, and whatever they may be. But I think checking your automatic negative thoughts is the best cognitive approach and not allowing yourself to fall into deep, negative states. But being aware of the realities, and not letting it overrun you.

From a biological perspective, anxiety torques up our bodies, our heart rate beats faster, our blood pressure increases. And this is the perceived threat that we're wired from a fight or flight perspective, to run away from a mastodon. So, this couldn't be much more different than a mastodon, but the same physiologic phenomena exists.

And if you look at people who've had trauma histories for any reason, from working in the military, to childhood trauma, they're likely to have more biological sensitivity to anxiety. I encourage people to exercise. Aerobic exercise reduces your heart rate. Lifting weights is not a bad thing for weight control and for overall fitness, but moving your body to get your heart racing, to the amount that your physician recommends for you is a good strategy.

When you help your body to get tired during the day you will sleep better. And if you're waking up before five o'clock in the morning, you are having anxiety response. And just to note that you might have to exercise harder or call your clinician, and we'll talk about teletherapy in a second.

And from a social perspective, one of the things that's important, in addition to staying connected, is to remember that we're all isolating for a good reason. We're isolating to save people's lives. And there's evidence that our program of what I call physical isolation with social connection is actually helped to bend this curve. The curve is still much bigger than I would have liked, I think we got a slow start as a country from a public health perspective. But I think there is evidence now that some of the worst-case estimates are not going to come to pass, because people are staying at home. And people are working collectively to inconvenience or upset ourselves, in the service of people who are vulnerable.

I do want to mention on the biological, in our NAMI COVID-19 Guide, which has well over 100,000 downloads, that was last week we got 100,000 downloads, it's now also available in Spanish. One of the things we do mention are all the resources for quitting smoking. And some people might say this is a terrible time for you to even mention quitting smoking or vaping. But it turns out if you're interested in promoting the wellbeing of your lungs, this is a respiratory vulnerability, and this is a great time to reevaluate how you're approaching smoking.

On telehealth, I want to mention that this is a transformation, as Darcy just mentioned. Every practitioner that I know it did zero telehealth sessions a month ago and is now doing 100% of their sessions through telehealth. And while we have a patchwork mental health system across the country, and it's not a uniform system, the vast majority of health plans are covering telehealth. And this includes virtually all commercial plans and many, many state Medicaid programs. Medicare has made the biggest changes in its policy in decades on telehealth.

So we're going to have a couple questions on telehealth in the chat box, and I will get back to that, but the short answer is the evidence seems to be quite strong that tele virtual visits, this is video chat, looking at your therapist, are as effective as in person. Nobody's really studied using the old school flip phone for telephone support. The literature on that is weaker. But I think there are many people who don't have access to the internet or to video enabled connections.

So, when we think of tele treatment, we're talking about looking at your therapist, but for instance, Massachusetts Medicaid and all the commercial health plans in Massachusetts, which is my home state, cover telephone therapy.

That's a very big change. That is a very big change.

So, the NAMI COVID-19 guide is a comprehensive resource. It gives tips on how to work with your local correctional settings. As you know, people with psychiatric vulnerabilities are overrepresented in correctional settings. Strategies for dealing with people living in facilities, hospitals, congregate living situations are at high risk right now.

I think one of the things that I've been impressed by is how difficult it has been for the more intensive services to pivot as quickly as the outpatient services have pivoted. The more intensive services typically have a congregate or group component, whether that's inpatient hospitalization, group living, detox programs. These have been really challenging, people, and

I'm hoping to have some experts down the road on a future call, on how they have creatively tried to work the problem of delivering deeper and more intensive services.

The NAMI helpline, 1800-950-NAMI is experiencing record phone calls and record emails. And the crisis text line, 741741, you text talk or NAMI to that line, you will get a crisis chat. Both the NAMI helpline and the national crisis helpline have set up more resources, because people do anticipate and are finding that a lot more people are seeking help than before.

All right. So, let me shift to questions and I'll call out Darcy, there's so many people on this call, I got kicked off the call. I'm operating a little blind.

Let's talk a little bit about some medication questions. Are you worried that there will be a shortage of medications, given the supply chains that involve China and other countries? That's an excellent question. So far, the current medication challenges appear to be around the run on hydroxychloroquine, which is a malaria treatment, which has been touted as a treatment for COVID-19, but not adequately studied. At NAMI, we don't like to promote things that haven't been studied.

And this has been problematic, because there are people with rheumatoid arthritis, lupus and other conditions that actually need that medication. I talked to a leader in the pharmacy space just yesterday, the biggest shortage they're facing are inhalers. People are rallying to get their asthma under control, which is appropriate.

I asked this pharmacist that question, did they think there would be shortages of major psychiatric medications? And the answer I got was, we don't know, but we don't think so. The biggest challenge seems to be about these two issues that are being quite intensely in demand at pharmacies.

What is being done nationally around the 90-day supply of meds that are available to individuals and families? Well, I'm sorry to say you have all experienced American healthcare as a patchwork of different plans and policies. I'm afraid mental healthcare during the pandemic is revealing itself to be a patchwork with a lot of frayed edges.

So, in my neighborhood in Boston and Massachusetts, any patient can get 90 days of any medicine. And the co-pays are simply the same as for 30 days. Now, it might be that Massachusetts has a particularly progressive set of leaders and this has been demanded of the health plans in Massachusetts. No co-pays are allowed to be charged for any teletherapy sessions in Massachusetts, and all people can use the phone.

So, there's a question that says, I have two months left of my medications for my mental health condition. So, there's some problem solving to be done there. If you have a practitioner, a doctor, a psychiatrist, a primary care who's prescribing the meds, a nurse practitioner, contact them. Explain the situation that you're worried that in two months you will run out of medications and problem solve with the pharmacist and the prescriber.

I'm anticipating that we're going to be able to help the vast majority of people with their own self-advocacy. And if you're having trouble, call the NAMI helpline and they can help you troubleshoot.

Darcy, do you want to take this question? It's a question about giving. Question is, how can I help other people especially if they're not necessarily asking for help? Do you want to take that one?

Darcy Gruttadaro ([00:41:53](#)):

Sure. I think one obvious way in which you can help is, I would really reach out to a local NAMI affiliate or NAMI state organization and ask if they know of anything that you might be able to do to help them. You can also certainly look around your community close at hand and think about your neighbors and whether they're well cared for, in terms of just touching base. So, if you're in a community that it's easy enough to reach out and through the phone or probably needs to be done strictly through the phone, but you can certainly check in on your neighbors.

There are lots of online opportunities. I would just say be aware there are also a lot of scams. So, you want to really go with an organization that's reliable. There certainly is a need in food pantries, in local communities. Sometimes that work needs to be done in person. I would just say be careful about that.

You can probably contact your local county volunteer. Usually there's a volunteer service line. I don't know if they'll be stacking those right now. But you can try that as well. Again, just be cautious about scams if you're going online to look for opportunities.

But I would say certainly you can reach out to your local NAMI, your NAMI state org, you can look at your neighbors and see if there might be opportunities there. And also talk with friends. I know among my friend group, people are sharing things they've heard about, ask your friend group, your family group, if they're aware of any organizations that might need volunteer help.

Ken Duckworth ([00:43:52](#)):

I want to salute that question, because I think if you look at the literature on people experiencing traumatic events, the idea of finding meaning in the event, it's not a Pollyanna-ish approach. Viktor Frankl, the psychologist, developed this whole way of thinking about tragedy when he was in the Holocaust, and he thought about how can I make meaning out of this experience? Giving to others, connecting with others, volunteering, working through NAMI to help other people who are vulnerable.

And it may be that what you take away is just I feel more grateful for when our lives return to normal, and they will return to normal over time. But I think the question of giving is another good question, about finding meaning in this.

Let's talk a little bit about, another question is about relaxing. The person has heard that there is HIPAA relaxation. And that sounds like a chiropractic intervention, but HIPAA relaxation is basically the idea that through telehealth or teletherapy, practitioners used to have to purchase or pay for a HIPAA compliant framework, that would cost them X dollars a month to make sure that it was HIPAA compliant.

And in many jurisdictions, therapists are allowed to use less secure transactions to help people. The idea was to create increased access and decrease the barriers to getting help. I think that's a helpful concept.

Another question, what can be done for addicts who can't access the regular support system? I believe in the COVID-19 guide, we have the materials in there about AA, NA and smart recovery, which is not a higher power-based recovery construct, are pretty active online, and they were up and running online before this crisis happened.

Obviously, if you have a sponsor and a phone, you can connect to your sponsor. But I think that NN, NA, Narcotics Anonymous, Alcoholics Anonymous and smart recovery are very strong on the online support. I would really encourage you to evaluate that. If that doesn't work, contact your state, public health service or addiction service. Massachusetts Bureau of Substance Addiction Services has a remarkable number of resources that they list for virtual care.

Okay, another question, this one, I'm going to ask Darcy if you want to take a look at this. If there's an influx of people into the mental health system, which there is, how can we take care of providers, as they're encouraged to meet a higher demand of services? You mentioned that briefly in your remarks.

Darcy Gruttadaro ([00:47:28](#)):

Yeah, I think that's a great question, because I think that's nearly certain to happen. So one thing that we've been thinking a lot about is, how do we support primary care providers with a mental health or a psychiatric consult, to stretch the workforce for them, so that they have someone to consult with when they're providing integrated care to people that come into their practices?

So, the collaborative care model that was developed at the University of Washington and has more than 80 randomized control trials supporting it, is a very effective model that includes having a primary care practice, have a psychiatric consult. So you have a psychiatrist that's there and available to look at treatment recommendations, to look at how well people are progressing in the care that they're receiving, and to consult not with the individual that's getting the treatment, but with the primary care provider.

Really what they're doing is they're looking through the medical record to see how well is this person doing? They're making recommendations on perhaps changing the treatment approach. Thereby, they're really stretching the workforce, because one psychiatric consult in a primary care practice can be available for a fairly large number of individuals that come into that practice.

And what happens is and what they're finding is that the primary care provider is organically learning more about delivering mental healthcare in their practice, because they have this continuous consult with psychiatrists who's really looking at recommendations, mostly around treatment, I mean medication treatment. So, it's a model that's worked really well, and the billing codes for this model were approved in January of 2018. So, it's still a relatively new model.

But we are pushing with the employer community and beyond to really see this model greatly expanded. Because this is one way we can really support what we think will be a major influx of people who need help with things like depression, anxiety, trauma and substance use.

Now, it's not necessarily a model that is recommended for people that are on the more severe end of treatment needs. But certainly, for those that may be experiencing mild to moderate, it's a great way to extend the workforce.

Ken Duckworth (00:50:11):

Yeah, so Darcy's talking about a different model of care, which could really scale up the public health approach. A couple of questions about individual vulnerability. One is, I'm a senior with major depressive disorder and underlying immune deficiency. I have a hard time getting along after three weeks of being shut in. I'm used to sleeping through many depressive events, but this is the hardest. What can I do?

Obviously, a difficult question. It is accurate that you are vulnerable to this condition and it will be essential for you to collaborate with your caregivers to problem solve the best way to attend to your depression. If you can't sleep, you're anxious, but there are treatments for anxiety, in addition to cognitive approaches and aerobic exercise. Medications are only a tool. They're not the major tool in many people's lives, but they can help with sleep, especially in the short term.

Something I'd encourage this person to do is to connect with local community resources. There are young people, my daughter is one of them, who is immune from this, because she's already had it, it turns out. She wasn't tested, which is another problem we're facing in America, but she almost certainly had it. And she is helping to deliver food to individuals who are at high risk.

And so, there's one website that I'm aware of called [nextdoor.com](https://www.nextdoor.com). And hopefully in the chat box, I'm going to encourage you all to write any resources that you know of ways that people who are at higher risk as this individual is, can get people to shop for them. So that's going to be in the chat box.

And because I got kicked off the webinar, because there's so many people, I won't see it. But I'm going to ask my colleagues to sing them out at the end or to include them in the list of resources.

All right. Another question relates to an individual vulnerability. Any suggestions for a family member or a patient who is non-compliant with the stay at home order? I'm very stressed that she is bringing illness into the household, including to her and her small child. Her behaviors are running and anger.

And so, the first thing I would say about this challenging situation is to get a good diagnosis for this individual and to make sure this person is getting adequate treatment. So, this could be the onset of a bipolar episode. A person who is impulsive and running. This could also be something on the autistic spectrum disorder. That would require a different approach.

But this is a situation where I would definitely speak to a practitioner, start with a primary care doctor if you don't have a mental health practitioner. The two best ways to get a mental health practitioner are to go through primary care. Right now, primary care is not very busy. All routine physicals have been postponed. All routine medical procedures have been postponed. Anything that's not COVID-19 is being deferred. So, your primary care doctor may be a resource for you to help you problem solve the resource, the challenge that you're facing, and find you a mental health resource.

The other is your health plan. And whatever the health plan is that you have signed up for or comes through your work, they have human beings that are there to help you problem solve, case managers. And you need to contact them to help you find a practitioner.

In a situation like this, where a person is going in and going out, I would work with them to find a way to contain a component of the house for them to stay in, as if they were already positive with the infection. And so, the idea is if an individual is infected, you typically keep them in one room, in one bathroom. And there's resources online for how to do that at the CDC.

Another question is, my insurance has kicked out my son from a hospital. Is there anything I can do to advocate for the insurance company to continue paying, at least until the pandemic lifts? So, this is absolutely heartbreaking that this person is getting such poor coverage from their health plan.

Every plan has to have an appeal process, that's codified by local state law. And in many states, there are independent appeals that you can ask for. So, I'm only an expert on Massachusetts health plans, because I live in Massachusetts. But if you get denied by your health plan, you can call and contact the Office of Patient Protection at the Department of Public Health. And that phone number is in the denial letter that you get.

The Office of Patient Protection has an independent psychiatrist to review the care and if they determine that the health plan has to pay, the decision is binding. The health plan can't say it wasn't really thinking about paying, they have to pay at that point.

Another strategy, if that is unsuccessful, is to use the media for a conversation that's happening right now to have people not beginning basic care, that is going to lead to a person being homeless. Maybe a media strategy, but I would work the procedures within the health plan first. I think that's a really important strategy.

I know most people don't feel that they can deal with appeals. This is the system that we have for everything in American healthcare. If you're looking for a cardiac medication that isn't typically covered, then you get denied, you do have to appeal.

I appreciate how problematic that is, in terms of the complexity of that, but I do want to mention that I'm concerned about my son and individuals in similar positions of isolation in the midst of no income, no internet and access unemployment and the mental health provider has closed offices.

I don't have an easy answer for this, because many of the things that we've discussed are not able to be utilized. But the mental health provider has closed their offices, with your son's permission, I would contact the mental health provider and problem solve. What are the things that you think you could do together to support him?

I don't know if they've closed temporarily because of the pandemic or if they retired without referring you to someone else. Very important that when people retire from their practice, they are to refer you to other places, so you can continue care.

That's very a difficult one. Darcy, do you want to try to answer that? As you can see, I don't have easy answers, other than to problem solve with the practitioner, and of course, to travel to meet your son. If you can, maintain the six feet to distance in order to problem solve. Do you have anything to add to that one?

Darcy Gruttadaro ([00:57:54](#)):

Yeah, I think the only thing I would say is maybe if there is a family practice or a primary care provider that has provider services to the family, they can sometimes be a resource to help you connect with other care. I realize that those are really tough circumstances. So that is definitely not an easy one. But I might try any healthcare provider that's worked with your family to see if they might have a suggestion.

The other thing about the mental health system moving to online, is it has for some providers, allowed them, freed up some time to, in some cases to see more patients and see more individuals. So, it does allow you to connect over the phone potentially, with treating providers who may not even be in your community, because you can call them up and you can extend the reach well beyond your community. So, if you can find someone who may be a couple towns over, that could be really helpful too.

Ken Duckworth ([00:59:09](#)):

Here's a question that relates to this kind of deeper fear. One fear that I have is that I might get the virus, an even deeper fear is I might die from the virus. All the things you mentioned are well known in the media and that is true. We are discussing basic constructs that can be found in the media if you're looking.

How does a person's spirituality and faith sustain us and give us the hope that we need to be sustained? Does NAMI address this? NAMI has a SafeNet. SafeNet can be found on the website. And that's a group of people who have a spiritual or faith-based approach. So, they try to integrate science with their faith and NAMI SafeNet is right on nami.org, and it is being revamped and improved right now. But that is a strong, historically very strong aspect of NAMI. It's a powerful community, in terms of finding spiritual solace and faith while dealing with difficult situations.

A couple questions on psychiatric medications and the list of COVID-19. I have not seen a literature develop, and of course literature comes over time, to really answer this question in any meaningful way. One of the questions, does Clozapine raise the risk of contracting COVID-19? Clozapine can lower white counts if it is correctly assumed by this person that white counts are what fights infection.

But I think without data, there's not a compelling data set to suggest that it's easier to contract it. Once COVID-19 gets into your mucous membranes by touching your face, it will develop. I think the question that I would have is, is your response going to be different because you've been on medication like Clozapine? The answer to that is I don't think so and we don't know, are the two answers.

Lithium raises your white count, and this is often used or sometimes used for people on chemotherapy. But I can't really sustain a statement that lithium might improve your outcomes with COVID-19. I think the idea of the immune system medications and response to COVID-19 is untested at this point. As you know, they have begun clinical trials of different approaches to this virus. And until we have the results, it's very difficult to know the answer to that question.

A couple questions about PPE in prisons and in group homes. So obviously congregate living situations are risky places for the transmission of virus. I've been impressed at how little infectious disease thinking there used to be in group homes. I am happy to report I'm in touch with people who run group homes here in the Boston area, that disinfectant, hand washing strategies for cleaning environments are very active. In fact, I would say that's the main thing they're working on in these group home settings.

And the same is true for correctional settings. And again, I'm speaking largely from my local experience. They're releasing people who are up for trial and who have not committed violent crimes, in order to reduce the volume of people in corrections. I think this is happening to some extent nationally.

I am worried about those settings. I am worried about nursing homes. I don't think there are easy answers, but clearly an aggressive and infectious control strategy is going to be essential. PPE, the protective personal equipment, which is one of the great upsetting developments in this entire thing is America did not have enough of this for a pandemic. I know of healthcare providers who are reusing equipment that was not designed to be reused or who are operating without adequate materials.

I think that for a group home question around PPE, I would contact the typically nonprofit and the licensing authority. In the vast majority of states, group living situations are licensed by your department or office of mental health. So, it's either called BMH or OMH. I would contact them and find out what is their plan for PPE.

And that's particularly relevant if there's a person who's had a contract or who is at risk. Getting our minds and our arms around this, we're going to have to get testing much more common. Currently, testing is still hard to get and the antibody test, which will demonstrate who had it and is now immune.

The literature I read from a Harvard infectious disease fellow yesterday is that with SARS, which is basically an older COVID version, a respiratory illness COVID-19 variant, people have immunity for between one to six years. So, if you get this, you get it and you have antibody immunity from it, in the vast majority of cases.

So the journalists who are touting that you can reinfect yourselves are not based in science at this point, it is not accurate at this time. So, this is from a Harvard infectious disease doctor. I just read his blog yesterday.

And he's also suggesting that the social distancing, which we call physical distancing, that we're all doing is in fact making a difference. What we're doing is working slow transmission of this. And as we slow transmission, scientists all around the world are working on treatments.

There is a Japanese clinical trial that's going on right now, which is a variation on Tamiflu. So, they've actively begun that and you've probably seen in the media multiple organizations are working on vaccine trials. I think the more time we get, the more time we can delay this virus getting to larger groups and populations, the better off we will be, both from a medical and mental health resource perspective. But also in terms of treatment and vaccines, which I do think will come. I've never seen the scientific community so united and focused in this context.

That covers the vast majority of questions. These questions are good and they are challenging. I'm very impressed with people's resilience, I'm very pleased that all of you came to join us today. I'm interested in reading the comments that you're writing in the chat box later, because I learn from people's resilience regularly.

I'm going to ask the staff to comment, to jump on if you have the resources like nextdoor.com to help people get other people to shop for them or deliver food to them. Because I was kicked off the webinar due to volume, I can't read that. So, Teri, might you be able to see that if people have collected other resources for that?

Teri Brister ([01:07:38](#)):

Yes, Ken, there are resources at the bottom, the files for download. We also have a poll up that we'd like you to respond to, let us know if this was helpful for you. And we have captured resources that people shared through the chat pod as well as some that people sent us in questions. So yes sir, we've got those.

Ken Duckworth ([01:08:13](#)):

Excellent. Darcy, do you have any other comments that you'd like to share? A lot of these questions felt medical or clinical to me, so I took them. But obviously you've thought a lot about this and done a lot of great work. Do you have any other comments for people or closing remarks?

Darcy Gruttadaro ([01:08:29](#)):

Yeah, I would say that I have so enjoyed watching the chat and looking at all the great information that people have shared. I have been very distracted by reading all of it. And I'm so impressed with what's going on, in terms of community support and spirituality and online support groups and people sharing ideas. This is really what this time period is all about, relying on each other and providing support to each other.

I think you said it so well earlier, Dr. Duckworth, about how gratitude and doing for others can really help us, help our health and wellbeing and our mental health and wellbeing. I think the fact that people are doing that in the chat box now is just amazing and great. I've so enjoyed this experience, and I'm learning a lot from those who are sharing comments in the chat.

I just want to say thank you. This has been a tremendous experience. And NAMI is in really good hands with all of you. So, thank you, and it's been great to be part of this.

Ken Duckworth ([01:09:38](#)):

Well, that's great. And I do want you to know that we are planning other webinars. We're aware there is a demand for talking to your kids and supporting youth in your life through this crisis. This is like being thrown into the deep end of the pool and being asked to teach swimming for parents, and so we hope to have a resource in the next week or two, to speak to that.

In addition, we're trying to organize peer run supports. How are peers helping each other in this time? In this call, we emphasized professional supports. But I think a lot of the beauty of NAMI and a lot of music of our culture is the beauty of peer support and helping each other.

So, look for those two webinars. I want to thank you for your participation and your excellent questions. Again, a record setting attendance, which I think says a lot about this topic and I think also about where NAMI is seen as a resource for people. I want to thank you. It was a privilege for me to be part of this.

Dan, do you want to close out today's meeting?

Dan Gillison ([01:10:57](#)):

Yes, and I want to echo your appreciation for all the participants and what you said Ken in reference to peer to peer, as we look at the chat and building on what Darcy said, these are peer to peer right now, in terms of, we will have a special session that will focus on that. However, I want to compliment every one of you that are participating and talking to one another in the chat box, because that is peer to peer and it is very helpful to see you engaged and offering to support one another, even to the point of, if anyone needs food, please get in touch with me from Margarita Johnson.

So, there's a lot of good comments that you're making and you're reaching out to help one another. I'd like to thank Elise, Christine and Teri for their work. A lot of times, we get to the point of the actual event, the webinar, you don't see all of the work that goes behind putting these together. I want to say thank you for that.

The other thing is that if you haven't responded in terms of the poll, please do so, because we're anxious to always continuously improve and to do what we call Kaizen. And the point of that is that we want each one of these to be better than the one before that. So that only happens from your feedback and will happen because of your feedback.

Self-care is incredibly important. Thank you for talking about that to one another. Keep that front and center. We're very, very appreciative of your participation. Resilience was a very operative word used by Dr. Duckworth and resilience is critical. Keep speaking to one another, know that NAMI headquarters is really here for you.

We will be providing an email out to you with all of the NAMI resources, in terms of the list. In addition to what's been shared, in terms of some of the links that Dr. Duckworth and Darcy have mentioned, we're going to share as much of that as we can. So, we have your email address, you will be getting that back from us as a follow-up. That will include nextdoor.com and several others that were mentioned.

The last thing I want to mention is that we want you to know you're not alone. That's the part of the process here and the engagement here, you are not alone. And the other thing is that we will get through this together. And together, we can do much more than we can do individually. So, stay healthy, stay engaged, let us know how we can help you and thank you for investing over this hour of your time on today. And we hope that you got something out of this time.

Look forward to talking to you soon and be well. Bye now.

Thanks, everybody. Take good care.