We're Still Standing: In Difficult Times, Behavioral Health Adapts and Triumphs

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The COVID-19 pandemic has changed our world in unimagined ways and the behavioral health community has been hard-hit by the economic carnage it has caused. Many clinics are just months away from closing their doors and this wave of closures could have devastating effects on the nation's growing mental health and addiction crisis.

But through all the hardships, we are still standing. We're still doggedly following our North Star: Our mission to protect the health of millions of adults, families, and children living with mental illness and addiction and ensure them the hope of recovery. And this is a testament to our determination, ingenuity, and adaptability.

It is ironic the high-touch behavioral health community has embraced so many high-tech solutions to the challenges we now face and done so with such great success.

It took a public health crisis to convince federal regulators to allow patients and providers to turn to telehealth. But thanks to the perseverance of legislators from both sides of the aisle, the Centers for Medicare and Medicaid Services (CMS) now allows providers to bill Medicare and Medicaid for a wide range of telehealth services for as long as the pandemic lasts.¹ The National Council was on the frontline advocating for greater accessibility through telehealth and we say there's no reason to turn back.

Telehealth is the best answer, as we deal with the limitations of social distancing, and it will remain the best answer for underserved areas after the effects of the virus have diminished. Expanded access to care through telehealth could be one of the most positive outcomes of the pandemic, and the National Council aims to do all it can to ensure it becomes a permanent form of compensated care.

Telehealth has empowered our professional response to the pandemic, but as friends, family, loved ones, and our own employees struggle with the effects of isolation and economic uncertainty, it is up to all of us to recognize the early signs of mental illness and substance use disorders and know how to intervene.² Mental Health First Aid (MHFA) has been at the forefront of this effort with more than 2.5 million people trained in the USA alone.

MHFA is a skills-based course that teaches participants about mental health and substance use issues in an in-person eight-hour small-group setting. Trained instructors teach the skills required to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis. Unfortunately, just when it was most needed, training was cut short when sheltering in place was implemented.

The National Council recognized the stakes were too high to allow this critical program to languish until in-person training could resume and immediately started an all-hands effort to create

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Journal of Behavioral Health Services & Research, 2020. 436–438. © 2020 National Council for Behavioral Health. DOI 10.1007/s11414-020-09729-x

a virtual training program that would ensure MHFA training would thrive a Herculean task that would draw on the skills and talents of every member of our team.³

We were overwhelmed by the enthusiastic response of our dedicated instructors; 2160 signed up to be trained in the newly developed program during the first week alone and we recently launched the program nationally. An army of virtually trained Mental Health First Aiders will be soon sweeping the nation. As the country reopens, we will not only continue virtual training and resume our proven in-person training, but we will offer a “blended” program that combines four hours of online education with four hours of in-person instruction. These new innovative curricula incorporating technology will allow us to reach new, untapped populations and equip untold numbers of people with lifesaving MHFA skills.

As we take stock of the effects of the pandemic on those closest to us, I urge you to consider your staff. Just because they are trained to help others with their challenges does not mean they are equally adept at dealing with their own. In addition to the stressors inherent in their chosen profession, they face the same problems as your clients: financial struggles, caring for children or other family members, and/or social isolation. How can your leadership style help them through these difficult times? The thoughtful article, “Burnout and Leadership Style in Behavioral Health Care,” in this issue of the *JBHS&R*, provides insight into ways you might prevent employee burnout and its related costs.⁴

Throughout the COVID-19 pandemic, advocacy has been an active and critical part of our activities at the National Council. We have fought to include behavioral health in recovery packages and advocated for funding to ensure that clinics could continue to provide their clients and their communities with needed mental health support.

The power of in-person advocacy has always been central to our advocacy efforts and our annual Hill Day efforts, which have traditionally featured visits to Congressional offices, were not deterred this year. We pivoted to Hill Day At Home and were joined by a record-breaking 2000 advocates from across the nation who reached out to 511 members of Congress with our policy asks, without stepping foot in the halls of Congress.⁵

August and September are critical months for grass-roots advocacy when members of Congress return to their home districts. Again, we were undeterred by social distancing and other restrictions and our Summer of Advocacy continued with virtual site visits and meetings with Congressional representatives. A step-by-step toolkit provided support for state-level advocates with details on how to set up appointments to call on legislators to support an emergency appropriation of \$38.5 billion for providers of mental health and addiction treatment services.⁶

Community mental health and addiction treatment centers have the unique opportunity to engage everyone in their centers, including clients, in nonpartisan voter registration, and education. Once again, the National Council took a leadership role with our annual Get Out the Vote Campaign, with a few twists to adapt to our new COVID-19 world.⁷

The National Council developed the Get Out the Vote 2020 Toolkit to guide organizations as they create, launch, and sustain a successful voter registration and voter education program for the 2020 General Election Cycle.⁸ This year, in addition to traditional registration information, we are providing tips on using social media, email, and other non-traditional techniques to let clients who are unable to visit clinics in person know about the issues, changes to voting, and public health measures they can take while voting to reduce their risk of infection.

Yes, the behavioral health community is still standing! But beset by the COVID-19 pandemic, unprecedented economic dislocation, and historic social upheaval sparked by the Black Lives Matter movement following the killing of George Floyd, it's not enough to just stand; we must stand for something! The upcoming election will be one of the most hotly contested in recent memory. This year, every vote counts and every voice must be heard.

While the focus may be on the Presidential race, I urge you to find out where your local and state leaders stand on health-related issues, from Senate and Congress to your city council and mayor. It's part of the privilege and responsibility ensured by the Constitution.

Make sure you are heard—vote on November 3rd!

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Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.