



IssueBrief

July 2020



The epidemic inside the pandemic: We're dying from despair. Case managers can help.

CCOVID-19 has laid bare the failings of American health care, public health and public policy. Without immediate and meaningful action, it will do the same thing to America's fragile mental health system, warns Benjamin Miller, Psy.D., chief strategy officer of Well Being Trust, a national foundation committed to advancing the mental, social and spiritual health of the nation.

The COVID-19 pandemic and the resulting isolation and unemployment have already taken a toll on mental health, and case managers have not been spared. "Our own survey revealed significant numbers of CCMs grappling with mental health issues," says MaryBeth Kurland, CEO of the Commission for Case Manager Certification. "It's a dark time for many in our profession, and yet as we move forward with resilience and commitment, we find sources of encouragement." (See Figure 1, next page.)

But as they move forward, case managers must fully understand just how much COVID-19 has affected mental health—theirs, their colleagues' and their clients'.

Putting it in context

Mental health is consistently listed as one of the costliest conditions in the United States. It was an epidemic long before the pandemic hit.

"It's a dark time for many in our profession, and yet as we move forward with resilience and commitment, we find sources of encouragement."

— MARYBETH KURLAND, CAE, CEO,
COMMISSION FOR CASE MANAGER
CERTIFICATION

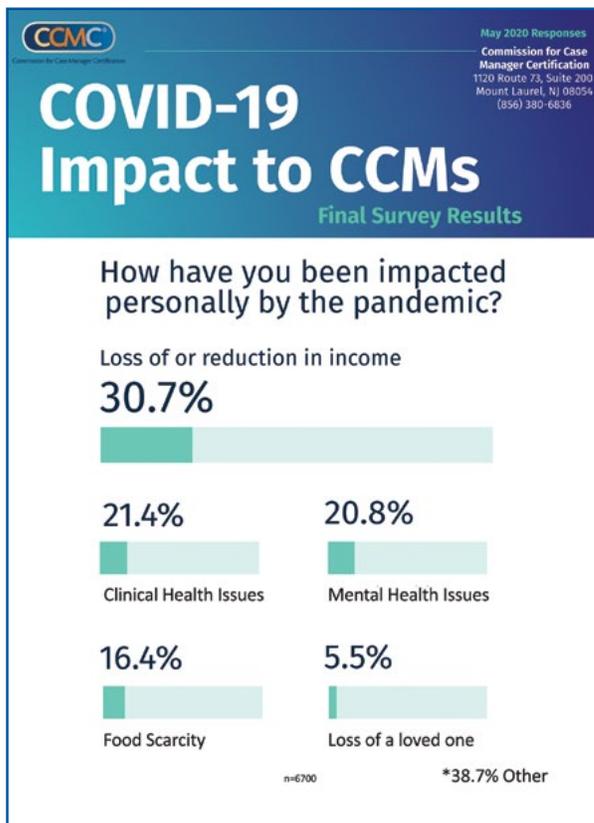


Figure 1

Miller and his colleagues have been tracking CDC data on the number of lives lost due to drugs, alcohol and suicide. These deaths, termed “deaths of despair,” have been on the rise exponentially since 1999 and are closely associated with multiple factors including socioeconomic factors.

The data reveal that 151,964 Americans died due to alcohol, drugs or suicide in 2018. For the year, alcohol deaths were up 4%, and suicide deaths were up 2%.¹ Some communities are experiencing stable or decreasing rates while rates among others continue to rise, including indigenous

people, Asian-Americans, African-Americans, Latinx and older adults.

These numbers may be distressing, but they are low compared to what the future may hold due to COVID-19, Miller warns. “Deaths of despair are hitting communities in ways that we have not prepared for.”

The current national spike in job loss is unlike anything seen since the Great Depression. He compares it to the aftermath of Hurricane Katrina: What happened in New Orleans is now happening throughout the country. Unemployment has a direct impact on our mental health and well-being, he says. In particular, the data show a clear connection between

unemployment and drug overdose deaths. He points to one study that found, with every 1% increase in unemployment, there’s a 3.6% increase in drug overdose deaths and a 7% increase in emergency department visits.²

Projected deaths of despair

Economic failure with massive unemployment, months of social isolation and the uncertainty caused by the sudden emergence of deadly infection from a previously unknown virus is exacerbating the already-pervasive crisis.

Given the uncertainty inherent in COVID-19 with incomplete science, emerging political ramifications and no set timeline for stabilization, the impact of mental health cannot truly be fully calculated. But his colleagues at Well Being Trust and the Robert Graham Center for Policy Studies in Family Medicine and Primary Care decided to try. They based their estimates on what they already knew about

“Deaths of despair are hitting communities in ways that we have not prepared for.”

— BENJAMIN F. MILLER, PSY.D.
CHIEF STRATEGY OFFICER
WELL BEING TRUST

¹ “Annual Deaths Due to Alcohol, Drugs or Suicide Exceeded 150,000” Well Being Trust, May 2020

² Published: Alex Hollingsworth & Christopher J. Ruhm & Kosali Simon, 2017. “Macroeconomic conditions and opioid abuse,” *Journal of Health Economics*

unemployment and deaths of despair, then factored in social isolation and uncertainty.

With a rapid recovery and the smallest impact on unemployment, the COVID-19 pandemic could lead to nearly 28,000 additional deaths of despair, according to their study. That’s the best-case scenario.

Worst case? A very slow recovery combined with the greatest impact of unemployment could result in more than 150,000. “This, in essence, would literally be taking more lives each year from deaths of despair than COVID.”

It’s almost impossible to predict how many more lives could be lost—Miller and his team hopes that all their estimates are wrong. “But the more that we get into these data and the more we show

“Direct, indirect and structural racism are determinants of mental health.”

— BENJAMIN F. MILLER, PSY.D.
CHIEF STRATEGY OFFICER
WELL BEING TRUST

the predictive side of it, the more we believe we might be conservative in our estimates.”

Those who will suffer the most are those in marginalized communities. We’ve seen how structural inequality has contributed to COVID-19 mortality. The most substantial uptick in cases is not due to density, but in fact due to issues of poverty and race. Similarly, he says, the mental health consequences

will disproportionately affect underserved communities.

“Direct, indirect and structural racism are determinants of mental health,” he says. Resources are needed to screen and treat depression, anxiety, stress disorders and the other outcomes in African-American, Latinx, indigenous and Asian-American communities.

There is a path forward, he says: Healing the Nation, a Well Being Trust initiative.

Healing the Nation

In partnership with other policy organizations, Well Being Trust launched a federal policy guide specifically around mental health with the goal of decreasing deaths of despair. Healing the Nation is grounded in a “framework of excellence.” (See Figure 2.)

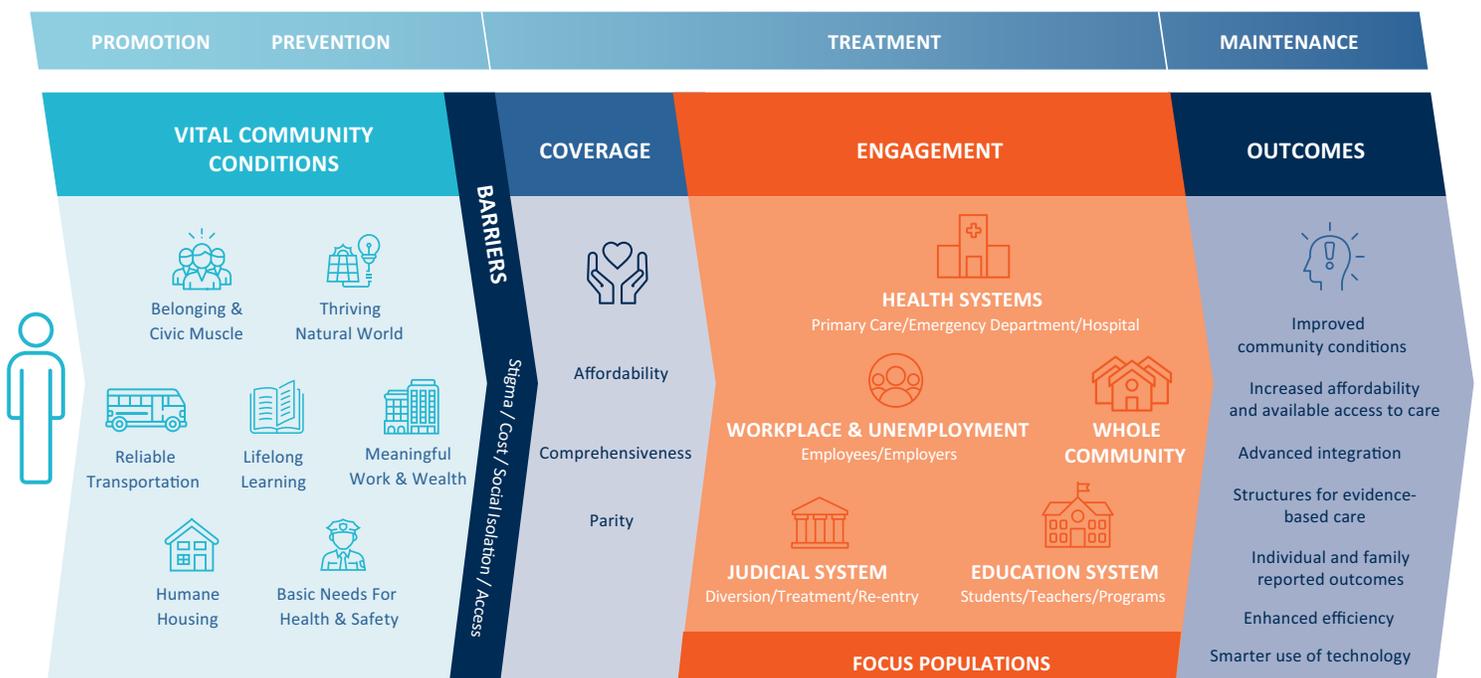


Figure 2

Among the key elements:

Vital community conditions: It begins with the individual. What can each of us do to take care of ourselves and our families? “We have vital community conditions, things that must be addressed in the communities where we live, how involved we are civically, our transportation, access to healthful food, basic health and safety.”

Insurance coverage: The unemployment rate is sky high. There’s going to need to be an effort to provide more comprehensive health insurance that’s affordable for people who have lost their jobs, he says.

Engagement: This is a call to bring mental health to each place people are present in the community, including schools, the judicial system and primary care practices. Mental health must be grounded firmly in all those places, he says. “If we don’t do a better job

“If we don’t do a better job identifying and treating mental health earlier in the process, we are never going to be able to ultimately stem the tide and the demand—the need for those services.”

— BENJAMIN F. MILLER, PSY.D.
CHIEF STRATEGY OFFICER
WELL BEING TRUST

identifying and treating mental health earlier in the process, we are never going to be able to ultimately stem the tide and the demand—the need for those services.”

Outcomes: The framework includes an array of outcomes, including smarter use of technology, increased affordability of and

access to care and advanced integration of physical and mental health services. Every health care professional should be trained in ways to address mental health, but structural change is also required, he says. “Traditional ways of thinking about mental health need to be changed. COVID-19 forces us to examine the things that weren’t working and again, to come up with a different vision and structure of what could work.” And that vision must include integration of behavioral and mental health. (See Figure 3.)

“What do we hope to achieve? That deaths of despair would decrease and ultimately go away,” he says. To achieve that, he notes, we must address the social, the economic and the health-related factors simultaneously.

The Healing the Nation site is regularly updated, tracking policy and legislative developments. Readers can begin with the topic closest to

What are the range of mental health services?



Miller, B. F., Brown Levey, S., Payne-Murphy, J. C., & Kwan, B. (2014). *Outlining the scope of behavioral health practice in integrated primary care: Dispelling the myth of the one-trick mental health pony Families, Systems & Health.*

Figure 3

“Traditional ways of thinking about mental health need to be changed. COVID-19 forces us to examine the things that weren’t working and again, to come up with a different vision and structure of what could work.”

— BENJAMIN F. MILLER, PSY.D.
CHIEF STRATEGY OFFICER
WELL BEING TRUST

their areas of interest or concern. The specific entry points for engagement around mental health are health systems, the judicial system, the education system, workplace and unemployment and the community as a whole.

“There’s a need to put this into the hands of community people who are not health care experts, a guide they can use to begin to demand something more from their health care experience.”

Getting it done: a four-pronged approach

Drawing from Well Being Trust’s reports, Miller offers a four-step recommendation for reducing deaths of despair.

Get people working but do it in a responsible way. We can’t open up our economy and tell people to go back to work, to restaurants, to movies if we haven’t done a good



SOCIAL ISOLATION: *Reconnect your client, reconnect to your peers*

“This pandemic has shaken all of us to our core. Ironically when we need each other the most, we’ve been disconnected from one another,” Miller says.

Social isolation is a threat to mental and physical health, and case managers and their clients are susceptible. He calls on case managers to strengthen their peer-to-peer connections.

Be there for each other: Regardless of your work setting, check in with your colleagues. “As health care professionals, we don’t often take the moment to ask our colleagues how they’re doing and to really step up and embrace them in a time of need,” Miller says. This is a really tough go for many folks on the front lines. “You’re experiencing a lot of things you’ve never experienced before.”

He would like to see peer support standardized in health systems. “Make it a routine part of what we do for taking care of our caregivers. Make it a routine part of how we check in with one another.”

Teach clients how to reach out: Case managers can coach clients on how to do the same thing with their friends and colleagues. You may be asked, “How do we handle a person who is in crisis? What do I say to my friends when they tell me that they’re drinking too much or actively suicidal?”

You *don’t* have to provide them with a checklist of things to do, Miller says. Focus on making it less scary for them to engage someone in crisis.

Don’t give them a script to use. The next time someone asks how they can help, just say, “You know what? The best thing you can do is to be there for your friend.” There are a lot of ways the average person can help. Cook them dinner. Help them figure out a way to get health insurance again. This is important advice for clients who may be feeling overwhelmed.

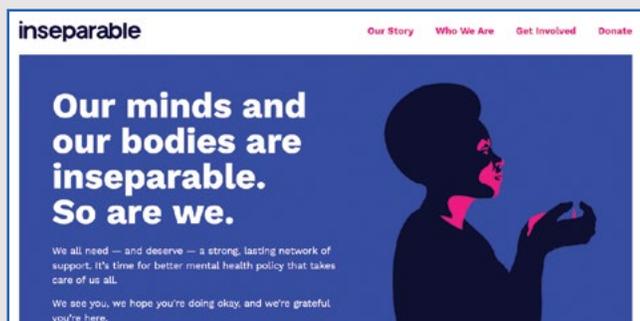
“Help your clients and colleagues and the folks that you see day to day understand that it is their responsibility to take care of their friends, their colleagues, their family. That’s a way to really normalize mental health across this nation,” Miller says.

Kurland agrees. “Clients are anxious; their caregivers more stressed; and you and your colleagues overwhelmed. It’s a challenging time,” she says. “More than ever before, case managers need to focus on building nurturing connections—not just for their colleagues but for themselves.” ■

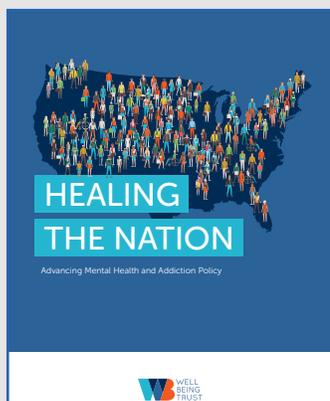
Be an advocate

Want to get involved in mental health advocacy? Miller has several recommendations for getting you started.

EXPLORE RESOURCES. There is an array of resources available to advance mental health issues. Here are two Miller is involved with.



Inseparable.us is a growing coalition of people from across the country who share a common goal to fundamentally improve mental health care policy. "I would encourage people who are wanting to be made aware, to go to Inseparable. It was founded to harness the power each of us has so our voices are heard," Miller says. "There will be immediate ways for you all to be connected to this new organization."



Healing the Nation, mentioned earlier, is an action guide that provides meaningful and actionable solutions to help advance mental health policy in the U.S. By using a systems framework, the guide outlines specific actions policy makers can take to advance mental health and structure solutions in an integrated fashion to achieve maximum benefits for all.

BE AWARE OF THE ISSUES. Case managers tend to be very cognizant of the social and political issues that create barriers to care. "But if you're *not* aware of the issues, you're not going to really be able to speak to any of the solutions," Miller warns. Among the questions to ask are

- What are the biggest barriers for your patients getting care?
- What are the biggest barriers for them getting coverage?
- What are the biggest barriers that keep you from working with mental health clinicians?
- What barriers keep you from being trained as a mental health clinician?

"All these things require you to have the facts," he says.

BE CIVICALLY ENGAGED. Know your local representatives on city councils and county commissions. Know your state and federal legislators. "Don't be afraid to call, don't be afraid to write a letter," he says. "They actually expect you to do that, and very few of us actually do."

"You have on-the-ground experience; you see what needs to happen. You see where the dollars need to go and how to get them there. Call them up; tell them what you think. Because if we don't, I'm afraid we're going to see more dollars go into a black hole, that may or may not reach the folks who need it."

Be an advocate and have your voice heard on topics you care about. For example, call on Congress to do more for mental health. Congress has not invested much in mental health, he says, pointing out that the stimulus funds designated for mental health services (\$425 million) represent 0.56% of the total amount invested in the airline industry.

Case managers are the ideal advocates, he says. "You have on-the-ground experience; you see what needs to happen. You see where the dollars need to go and how to get them there. Call them up; tell them what you think," he says. "Because if we don't, I'm afraid we're going to see more dollars go into a black hole, that may or may not reach the folks who need it." ■

job actually identifying, treating, tracking and then surveilling all the COVID-19 cases throughout the U.S.

Are we ready for that? “I think most of the public health experts say not yet. What are the ways that we can get people working safely? We have to be creative and really fall back on the ingenuity of the American spirit.”

He offers an example: contact tracers. There’s a profound need to get folks out there doing the contact tracing for COVID. What would happen if we took individuals who would be doing that job and trained them in basic mental health skills? They could learn how to recognize a crisis, how to refer someone in crisis for mental health assistance and how to help someone who’s going through addiction and cannot get access to their medication-assisted therapies.

Get people connected: We’ve never been through a downturn that combined social isolation and disconnectedness. So how do we get people connected? Well, he says, it begins with simple things like placing a phone call instead of just sending a text. By showing up and honking outside someone’s house and singing them a song. “I’ve heard all kinds of creative examples out there to make sure that people are socially connected while physically distant,” he says. (See sidebar, “Social isolation: Reconnect your client, reconnect to your peers,” for insights into how case managers can help get people connected.)

“The work that you all do every day is so valuable. We must continue that work when we go home to our communities because our neighbors, our friends, our students, our kids are suffering because the day-to-day routine has been disrupted.”

— BENJAMIN F. MILLER, PSY.D.
CHIEF STRATEGY OFFICER
WELL BEING TRUST

Technology plays an important role: “Patients are using technology to get connected to us in ways they never have before. Let’s encourage that.”

Give people facts: There’s a lot of bad information out there. Providing good, accurate information—even if it is unpleasant—can mitigate and decrease people’s stress and anxiety because they’re actually being given good information from people they trust.

Get people care: We’ve got to make it easier for people to access care. I’ve heard anecdotally, I have not seen data on this yet, that the uptick in mental health services is quite substantial because people are now using telehealth, using their phones, using their computers to talk to—and in many cases video—their clinician. The attrition and the

no-show rates have gone down because we can do it at the time that works best for the patient, not just the time that the provider had open.

COVID-19 has opened up an opportunity for us to reflect on the things that haven’t worked, to get clear on the things that do work but most importantly to get more aligned on how we can work together toward that new vision of what excellence could be.

Only connect

How do we embrace collectively the social, academic and health factors so we can decrease the deaths of despair? “If we’re serious about addressing deaths of despair, yes, we need to address economic factors. We need to get people back to work,” he says. But we must also address social isolation. We must, he says, connect.

Case managers are at the front lines of this, he adds. “The work that you all do every day is so valuable. We must continue that work when we go home to our communities because our neighbors, our friends, our students, our kids are suffering because the day-to-day routine has been disrupted.”

Being there for one another is a powerful intervention. “Love is an essential characteristic and the oldest form of medicine.” ■

About the Experts



Benjamin F. Miller, Psy.D.
Chief Strategy Officer
Well Being Trust

Dr. Benjamin F. Miller is the chief strategy officer for Well Being Trust, a national foundation committed to advancing the mental, social and spiritual health of the nation. He helps oversee the foundation's portfolio ensuring alignment across grantees, overall strategy and direction and connection of the work to advance policy. The end goal is to help advance the national movement around mental health and well-being.

Prior to joining Well Being Trust, Dr. Miller spent eight years as an associate professor in the Department of Family Medicine at the University of Colorado School of Medicine where he was the founding director of Eugene S. Farley, Jr. Health Policy Center and remains a senior advisor to the Farley Center. Miller is currently an adjunct professor in the Department of Psychiatry and Behavioral Sciences in the Stanford School of Medicine.

He received his doctorate in clinical psychology from Spalding University in Louisville, Kentucky. He completed his predoctoral internship at the University of Colorado Health Sciences Center. In addition, Miller worked as a postdoctoral fellow in primary care psychology at the University of Massachusetts Medical School in the Department of Family Medicine and Community Health.



MaryBeth Kurland, CAE
Chief Executive Officer
Commission for Case Manager Certification

MaryBeth Kurland leads and sets the Commission's strategic mission and vision. She manages relationships with likeminded organizations and oversees business development as well as the Commission's programs, products and services. She works directly with the Board of Commissioners, building its corps of volunteer and subject-matter experts who directly support and evaluate certification and related services.

Prior to becoming CEO, Kurland served as the Commission's chief operations officer and was staff lead for the development and launch of the Commission's signature conference, the CCMC New World Symposium®. Kurland brings extensive experience to her role, having served as executive director of organizations including the Association of Medical Media, Office Business Center Association International and the League of Professional System Administrators.

She holds a bachelor's degree from the University of Delaware and is a member of the Institute for Credentialing Excellence, the American Society of Association Executives and the Mid-Atlantic Society of Association Executives. In 2011, Kurland was recognized as Association TRENDS Young & Aspiring Association Professional.



Commission for Case Manager Certification

1120 Route 73, Suite 200 • Mount Laurel, NJ 08054
(856) 380-6836 • ccmchq@ccmcertification.org
www.ccmcertification.org

WRITTEN AND PRODUCED BY HEALTH2 RESOURCES
© CCMC 2020

Join our community of
professional case managers!

