

**MENTAL HEALTH &
SUICIDE PREVENTION**
NATIONAL RESPONSE
TO COVID-19

An initiative of the National Action Alliance for Suicide Prevention

An **Action Plan** for Strengthening
Mental Health and the Prevention of
Suicide in the Aftermath of COVID-19



Community transmission of the novel coronavirus was first detected in the United States in February 2020. By mid-March, all 50 states, the District of Columbia, and four U.S. territories had reported cases. While the country has invested significantly in measures aimed at preventing physical illness (e.g., personal protective equipment, physical distancing, vaccine development) and mitigating the economic impact of the crisis, the mental health and trauma risks associated with this pandemic have been largely ignored.

For many Americans, conditions associated with a pandemic—in particular, the emotional stress resulting from social isolation, financial strain, job loss, physical illness, and the loss of loved ones—can increase the risk for substance misuse and serious mental health challenges, including suicide. Moreover, some groups, including essential workers, first responders, and communities of color long impacted by structural inequities, are being disproportionately affected by the health and economic impacts of the crisis.

Just as several states have been able to reduce the risk of medical illness by implementing strategies aimed at curbing virus transmission, we can mitigate the behavioral health risks associated with the pandemic by (1) implementing science-based practices and policies that support mental health and wellness, and (2) establishing a national dialogue that demonstrates a commitment to mental and physical health. It is to this end that the National Action Alliance for Suicide Prevention (Action Alliance) launched the

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Mental Health & Suicide Prevention National Response to COVID-19 (National Response) on April 28, 2020. Led by public sector co-chair Dr. Joshua Gordon, director of the National Institute of Mental Health (NIMH), and private sector co-chair former U.S. Congressman Patrick J. Kennedy, founder of The Kennedy Forum, the National Response is supported by a **steering committee** of public and private sector leaders. The committee is bringing the best in science, innovation, and leadership to offer comprehensive, sustainable solutions to the mental health and well-being impacts of the COVID-19 pandemic.

The six priorities and related actions that follow were developed by the National Response's steering committee in order to foster a comprehensive and impactful response to the significant mental health and suicide prevention needs associated with the coronavirus pandemic.

The actions listed below recognize the following:

- Mental health is as important as physical health.
- Mental illness and suicide are influenced by risk and protective factors at the individual, interpersonal, community, and societal levels. As a result, both mental health promotion and suicide prevention require a comprehensive approach that combines multiple strategies at various levels of action.



- Efforts to support mental health, wellness, and suicide prevention must focus on all groups—from the general population to veterans, specific groups identified as being at risk, and individuals who are experiencing mental health problems or a suicidal crisis.
- These efforts also identify and respond to the unique needs of populations disproportionately affected by the health and economic impacts of the coronavirus pandemic, and to communities that have faced longstanding disparities in areas that influence health and well-being, such as health care, education, employment, and housing.

An essential element of the National Response's effort is realizing the full potential of the Mental Health Parity and Addiction Equity Act (MHPAEA), which seeks to ensure that health plans and insurers offer benefits related to prevention, treatment, and recovery services for mental and substance use disorders (also referred to as “behavioral health”) that are comparable to coverage for medical and surgical care. Although this much-needed law has removed many barriers to care, stronger enforcement is needed.

The National Response also calls for critically needed improvements to the U.S. mental health and substance misuse infrastructure. Substantial unmet needs for those with mental illnesses and substance use disorders were already a significant problem before the pandemic began. By acting now, we can bolster mental health systems and enact policies that will help communities minimize risk and increase protection for the populations they serve. The decisions we make in response to the current landscape will determine the future of our nation. We must embrace this opportunity to support affected groups, ensure equal access to behavioral health care, and promote the overall health and well-being of all Americans.

Calls to Action

The six priority areas and related actions listed below are directed toward those who have the opportunity to create change and implement lasting solutions, including federal and state policymakers, government agencies and non-profit organizations, health care accreditation organizations, professional associations, health care providers, and public and private payers.

1

Priority 1: Change the national conversation about mental health and suicide.

1. We call on our National Response partners to create a mechanism that supports collaboration among mental health and substance misuse stakeholder groups around communication efforts. This includes developing aligned messages that organizations and companies can convey through their unique brand expressions, sharing creative assets and research insights (including message testing and impact measurement), establishing common calls to action, and identifying opportunities for cross-promotion.



2. We call on the Action Alliance, through its national partners, to implement a coordinated and cohesive U.S. National Response campaign that ignites an impactful conversation about mental health promotion and suicide prevention.
3. We call on the federal agencies charged with implementing 988 (the new national number for mental health crises, which will be effective by 2022) to collaborate with advocacy groups and private sector companies to design and implement a comprehensive communication campaign coordinated with the launch of the new 988 service.

2 Priority 2: Increase access to evidence-based treatments for substance use and mental health disorders in specialty and primary care.

1. We call on state and federal insurance regulators and Medicaid agencies to enforce MHPAEA and to ensure that health plans are covering mental health and substance use disorder services in a nondiscriminatory manner, including proper coverage of services necessary to treat chronic mental health and substance use disorders consistent with generally accepted standards of care.

Expand the effective identification and treatment of individuals with mental health and substance use disorders in primary care and via innovative specialty care.

2. We call on federal and state policymakers and commercial payers and health systems to take specific steps to enable and incentivize wider availability of the Collaborative Care Model (CoCM), which has been shown across more than 79 randomized controlled trials to be effective in improving outcomes related to depression and anxiety, medication use, mental health quality of life, and patient satisfaction, when compared to usual care.¹ Use of the model is currently supported by Medicare, many commercial payers, and some state Medicaid plans, and is facilitated by designated Current Procedural Terminology and Healthcare Common Procedure Coding System billing codes.
3. Where CoCM is not the preferred model, we call on federal and state policymakers and commercial payers and health systems to take specific steps to improve outcomes for individuals with serious mental health and substance use conditions in specialty care through the use of models including Certified Community Behavioral Health Clinics that, in coordination with physical health care, provide 24-hour crisis care and integrate mental health and substance use treatments and services.

Require the use of measurement-based care for mental health and substance use disorders in both specialty and primary care systems in order to qualify for maximum reimbursement.

4. We call on federal and state policymakers and associations of government leaders responsible for mental health and substance use disorder services to ensure a widespread understanding (e.g., among advocates, families, and patients) of *measurement-based care* (MBC, the systematic evaluation of patient symptoms before and during a visit to inform decisions about care) as necessary for effective care.

1 Archer, J., Bower, P., Gilbody, S., Lovell, K., Richards, D., Gask, L., Dickens, C., & Coventry, P. (2012). Collaborative care for depression and anxiety problems. *Cochrane Database of Systematic Reviews*, 10, Article CD006525. <https://doi.org/10.1002/14651858.CD006525.pub2>



5. We call on relevant health care accreditation organizations to require the use of MBC as an accreditation standard for organizations providing specialty care for mental health and substance use issues, and for general medical care providers when they treat individuals for mental health and substance use issues.
6. We call on all professional associations representing clinicians who treat mental health and substance use issues, and those representing inpatient and outpatient health care facilities and systems in which individuals receive care for mental health and substance use issues, to adopt MBC as a standard for their members.
7. We call on public and commercial funders and payers, including employers and philanthropic entities, to ensure that quality metrics and technological advances that are meaningful to the care of individuals with mental health and substance use disorders—particularly standardized patient outcome tools—are required and incentivized.
8. We call on all relevant health system stakeholders to ensure that specialty and general medical providers who treat individuals identified with suicide risk are trained, expected, and incentivized to provide safety planning that includes lethal means counseling.

Make telehealth services for mental health and substance use disorders permanently accessible and reimbursed as a covered service.

9. We call on federal and state policymakers and commercial payers to make telehealth services for mental health and substance use issues permanently accessible and reimbursed as a covered service by continuing the waivers currently in place in response to the pandemic. This includes enabling providers to practice across state lines and ensuring full reimbursement at parity with in-person services for outpatient levels of care, such as the Intensive Outpatient/Partial Hospitalization Program and traditional outpatient treatment.

3

Priority 3: Increase the use of non-punitive and supportive crisis intervention services.

1. We call on federal, state, and local policymakers to collaborate with the National Suicide Prevention Lifeline to implement 988 as a complete crisis call hub capable of connecting individuals with emergent and urgent mental health and substance use crises to appropriate, non-punitive care, consistent with how 911 connects individuals to an effective emergency medical and public health safety response.
2. We call on federal, state, and local policymakers to continue to expand efforts to divert people with mental health and substance use disorders away from the criminal justice system and to appropriate substance use and mental health services.
3. We call on policymakers, payers, providers, accreditors, and other relevant health system stakeholders to expect and incentivize the delivery of crisis services consistent with the National Guidelines for Behavioral Health Crisis Care issued by the Substance Abuse and Mental Health Services Administration (SAMHSA).



4. We call on federal and state policymakers and commercial payers to cover effective mental health and substance use crisis services in public and private health plans.
5. We call on federal, state, and local policymakers to incentivize the development of a workforce with expertise in the delivery of effective crisis services.
6. We call on government, philanthropic, and private grant-makers to fund research that evaluates the ability of diverse populations to access crisis care and evaluates the effectiveness of users' satisfaction with care.

4 Priority 4: Establish near real-time data collection systems to promptly identify changes in rates of suicide, overdose, and other key events, and of clusters or spikes in these outcomes.

1. We call on federal, state, and local policymakers to increase funding for the public health data infrastructure at the federal, state, territorial, and local levels, including supporting funding for medical examiner and coroner offices, expanding the scope and improving the quality of data collection and processing systems, improving interoperability, and expanding access to data for public health monitoring and clinical quality improvement purposes.
2. We call on government, philanthropic, and private grant-makers to fund research on how to produce more timely assessments of non-fatal and fatal suicide-related events.
3. We call on public and commercial health systems and health plans to track and report survival as a patient-centered outcome for individuals with mental health and substance use issues, and in relation to key index events such as emergency department presentation for suicidality or overdose, and discharge from inpatient mental health and substance use treatment, consistent with a recommendation originally made by the federal Interdepartmental Serious Mental Illness Coordinating Committee.
4. We call on federal policymakers to mandate universal documentation of external cause of injury (e.g., deliberate self-harm, accident, assault) for all emergency department visits and hospitalizations involving injury.
5. We call on federal, state, and local parties responsible for conducting death investigations and those responsible for collecting data on non-fatal suicide-related events to enhance the scope of the data they collect to include demographic information on sexual orientation, gender identity, and military/veteran status and to improve the quality of data they collect on race and occupation/industry.
6. We call on the Action Alliance (or a suitable entity that they identify) to create and maintain a National Response data dashboard that pulls together timely data feeds from relevant existing sources on fatal and non-fatal suicide events and related measures.



5 Priority 5: Ensure the equitable delivery of comprehensive and effective suicide prevention and mental health services for Black Americans; Latinx Americans; American Indian/Alaskan Natives (AI/AN); lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) individuals; and others disproportionately impacted by the pandemic.

1. We call on federal, state, and local policymakers to increase culturally appropriate and effective suicide prevention, mental health promotion, and substance misuse treatment research, education, and services for Black youth and adults.
2. We call on federal, state, and local policymakers to increase culturally appropriate and effective suicide prevention, mental health, and substance misuse treatment research, education, and services for LGBTQ individuals, especially youth.
3. We call on medical associations, mental health associations, and national education organizations to collectively educate professionals across sectors on the mental health- and substance use-related impacts of systemic racism and discrimination on marginalized groups (e.g., Black, Latinx, AI/AN, LGBTQ).
4. We call on the Action Alliance, through its national partners, to (1) establish a registry that compiles culturally appropriate and effective mental health and substance use education and suicide prevention programming for marginalized communities, and (2) promote the implementation of evidence-based practices in communities. We call on SAMHSA and the Suicide Prevention Resource Center to update and expand the Evidence-Based Practices Resource Center and Best Practices Registry, respectively, to highlight effective strategies for fatal and non-fatal suicide-related events.

6 Priority 6: Invest in prevention and early intervention approaches that treat the root causes of suicide and mental health problems.

Invest in prevention and early intervention approaches in a range of settings, including schools, places of employment, and community spaces.

1. We call on federal, state, and local policymakers and private payers to adopt a population-based approach to addressing mental health and substance use issues across the continuum of need, which means funding effective and efficient clinical care for those with psychiatric diagnoses, early intervention and other risk-mitigating strategies for those at risk for challenges, and preventive wellness promotion for the general population.
2. We call on federal, state, and local policymakers to build capacity for mental health and substance use treatment professionals to work from a population health approach by allocating funding specifically for this purpose. Especially critical to this effort are training more professionals who work with children and adolescents, building the capacity of mental health services in school settings, and more effectively reaching communities disproportionately impacted by trauma and behavioral health conditions.



3. We call on government, philanthropic, and private grant-makers to fund research on a population health approach that supports the behavioral health of the entire population. The approach should be centered around promoting wellness, preventing illness, and identifying early intervention strategies for behavioral health conditions; it should also focus on ways to decrease the risk for behavioral health challenges, reduce behavioral health disparities, support culturally appropriate interventions, and improve approaches to promoting children's behavioral health and addressing the effects of trauma.

Assess and care for the needs of essential workers and first responders impacted by the pandemic.

4. We call on the National Response to assess, compile, and disseminate data regarding the mental health and suicide prevention needs of, and the impact of the pandemic on, the mental well-being and health of first responders, health care professionals, and public safety workers. These data can then inform policy and public and private institution response and enhance infrastructure supports.
5. We call on federal entities who have oversight of agencies with essential workers, such as the Bureau of Prisons, to include resources, funding, and guidance for mental health, emotional stress, and trauma support in Continuity of Operations Plans.
6. We call on accreditation bodies² responsible for overseeing the work conditions of essential workers to ensure (by including specific requirements that must be inspected) that agencies have protocols in place and activated to mitigate the risk for virus spread and provide trauma-informed evidence-based supports when remediation is needed.
7. We call on the federal agencies (e.g., NIMH, Centers for Disease Control and Prevention, SAMHSA, Department of Justice, Department of Education) and national organizations on the National Response Team through public-private partnerships, SAMHSA, and the National Suicide Prevention Lifeline and Crisis Text Line to enhance crisis and ongoing support for first responders and health care workers; we also call on the Occupational Safety and Health Administration to issue an emergency temporary standard to protect all workers from COVID-19 and to act on their statutory authority to inspect workplaces and issue citations for non-compliance.

² This includes the Commission on Fire Accreditation International, Center for Public Safety Excellence, Commission on Accreditation for Corrections, Joint Commission on Accreditation of Healthcare Organizations, and Commission on Accreditation of Rehabilitation Facilities.

A blurred, low-angle shot of a crowd of people walking through a modern, brightly lit hallway or airport terminal. The image has a strong color gradient, transitioning from a deep magenta/purple on the left to a bright cyan/blue on the right. The motion blur gives a sense of a busy, fast-paced environment.

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The Action Alliance and its initiatives are supported by funding from the public and private sectors, including support from the Substance Abuse and Mental Health Services Administration.