



#WIGWednesdays

May 27, 2020

“Mental Health Resources for You and Your Constituents in the Time of COVID-19”

Featuring:

Lucy Gettman, Executive Director, Women In Government

CO State Senate President Pro Tempore Nancy Todd, Immediate Past Chair, WIG Board of Directors

Paul Gionfriddo, President and CEO, Mental Health America

Lucy Gettman: Welcome to [#WIGWednesday](#), our weekly virtual series delivering timely information to women state legislators and other policy leaders. I’m Lucy Gettman, Executive Director of Women In Government, a non-profit, non-partisan organization by and for women state legislators across the country.

WIG’s Board of Directors are sitting women state legislators who guide our programming and initiatives throughout the year.

To make this an interactive experience, we’d like to get the conversation started by asking the question: “Have you been contacted by constituents with mental health concerns over the past few months?” Please select “yes” or “no.”

Before I introduce our moderator for today, I’d like to personally invite you all to register for WIG’s exciting [virtual Summer Summit](#) starting June 17th! We have great programming on the agenda, including “Helping Your Constituents Access Their Medicines,” “The Science of Risk,” and “Wellness, Stress, and Women’s Health.” Please be sure to check our social media accounts – Facebook, Twitter, Instagram, and LinkedIn - and our website regularly for agenda updates as we continue to confirm speakers!

We have our pulse poll results. Wow, 60% of those around our policy roundtable today have been contacted by constituents with mental health concerns over the last few months. I guess we shouldn't be surprised. It might even be higher if we ask a little further down the road.

Today, we are honored to welcome [Immediate Past Chair of our Board of Directors](#), Colorado State Senate President Pro Tempore Nancy Todd, as moderator for this session: “Mental Health Resources for You and Your Constituents in the Time of COVID-19.”

Senator Nancy Todd was elected to represent Colorado District 28 in 2012 after serving 8 years in the House of Representatives. She serves as Chair of the Senate Committee on Education and Vice-Chair of the Joint Committee on Technology. She is also a Member of the Senate Committees on Finance and Legislative Audit. Her leadership in Colorado stretches across the aisle, as shown by the fact that she was elected unanimously as Senate President Pro Tempore earlier this year. Senator Todd, the floor is now yours!

Senator Nancy Todd: Thank you, Lucy, for inviting me today. Before I introduce today’s speaker, I’d like attendees to be aware of how #WIGWednesdays are managed. All attendees are muted through the system. If you have questions or comments during the presentation, please be sure to identify yourself



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by name and then write them in the Chat Box that can be found in the Zoom Meeting Toolbar and please make sure you have selected “To: Everyone” from the drop-down menu. Finally, all [#WIGWednesday presentations](#) will be available on the Women In Government website a few days post-event.

Now, please join me in welcoming Paul Gionfriddo, who will speak about mental health resources for you and your constituents in the time of COVID-19.

Paul Gionfriddo, President and CEO of [Mental Health America](#) (MHA), has worked in a variety of health and mental-health related positions during a career spanning more than forty years. He joined MHA in 2014. His essay, “[How I Helped Create a Flawed Mental Health System That’s Failed Millions – And My Son,](#)” was published in Health Affairs in September 2012. His policy memoir, “Losing Tim: How Our Health and Education Systems Failed My Son with Schizophrenia,” was published by Columbia University Press in October 2014.

From 2013-2017, he served a four-year term on the National Advisory Council to the SAMHSA ([Substance Abuse and Mental Health Services Administration](#)) Center for Mental Health Services. He was a member of the Connecticut House of Representatives from 1979 until 1990, and he served as Mayor of Middletown, Connecticut from 1989-1991.

Paul is a graduate of Wesleyan University, and resides with his wife, Pam, in Middletown, Connecticut and Alexandria, Virginia.

Paul, welcome to #WIGWednesday and I turn the mic over to you.

Paul Gionfriddo: Thank you very much Nancy and thank you all for the opportunity to spend a few minutes with you this afternoon. I don't know how you all ended up getting your starts in this particular area. Though, it doesn't surprise me that today 60% of you have had mental health request come from constituents over the course of the past few months.

For me, this was just dropped on me. I was pretty fresh out of Wesleyan and when I ran for the state legislature in Connecticut three years later, and I managed to get assigned to the Appropriations Committee. When I was on the Appropriations Committee, all of the work was divided among the subcommittees. Chair people at the committee brought me in and asked, what subcommittees would you like to serve on? I remember saying at the time, I've been an anti-nuclear activist, so I'd like to serve on the Regulated Activity subcommittee, and I'm very interested in issues affecting elders and so I'd like to be on the Human Services subcommittee. I've also been fresh out of school, so I think I know something about education, so I'd like to be on that. They turned to me and they said you're going to do health. And I said, I don't want to do health, and they said, neither does anybody else. So, you're going to do health. So, I had this sort of thrust upon me more than 40 years ago—an area in which I had no experience and didn't understand how I was going to have any personal interest.



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Well, five years later I adopted my son, and five years after that he developed schizophrenia. The rest was a similar story to many stories that people have experienced, no matter what our connections. We’ve all learned that when we’re challenged by mental health issues, and we really don’t know where to turn or what to do. The same is true of constituents today and members today, as was true 40 years ago. We didn’t know to whom to turn and we didn’t exactly know what to do.

I had to learn on the job at the time, and I often think that we didn’t do all that good a job back in the 1980s of preparing for the return to communities of people with serious mental health conditions. I worry that we’re not doing much better today in preparing for the needs of our entire population now.

At Mental Health America, we’ve been running an [online screening program](#) for the last six years. For those of you who don’t know us, we are the nation’s longest standing mental health advocacy organization. We’ve been around since 1909 and for most of our lifetime with the national Mental Health Association. We have [affiliates](#) in most of the states in the nation—many of them statewide and others local or county based. So, you may have come across the Mental Health Association or Mental Health America affiliates among your constituencies.

What we have stood for during all that time is prevention for all, early identification and intervention for people at risk, and integrated services for people who need them with recovery as a goal. We’re the single organization that focuses more on mental health and promoting mental health than just mitigating mental illness. We did coin the phrase “before stage 4” when I argued, shortly after writing my book, that mental health conditions were the only chronic diseases in America that we waited until stage for to treat and then often inappropriately only through incarceration, and that we had to act “before stage 4” as we do with cancer, heart disease, diabetes, and every other chronic condition and intervene as early and successfully as we could.

So, when I got to Mental Health America, as I mentioned, we started this online screening program. We were stunned to find that more than 1,000 people a day began coming to our online screening program to take a mental health screen. Well, this month, it’s been about 5,000 people a day. Over the course of the last six years, we’ve had more than 5.1 million people take and complete a mental health screen. It gives us the opportunity to look at who mental health issues are affecting most deeply and also which populations are more likely than others to talk about it and seek help.

Well, it may not surprise you that most of the people who take an online mental health screen are young—under the age of 25. That makes sense because half of all mental illnesses emerge by the age of 14 and three quarters by the age of 25. In addition, 72% of our more than 5 million screeners are female, mostly because men are less willing to talk about mental health, not less likely to have mental health conditions. In addition to that, we’ve been able to learn from our screening population how deeply young people in particular are affected by mental health concerns.

When we’re building policy around mental health and mental health services, we can’t be starting from where we started back in the 1980s with people who were coming out of our state hospitals into the



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communities—people like my son today who lives mostly homeless on the streets of San Francisco in his mid-30s. When we wait till people are at that stage of mental illness, we fail to deliver the kind of public policy and the kinds of systems that we need to deliver.

We need to be focusing in on the people who are first experiencing mental health symptoms, and that's typically our youngsters. Yet, it may surprise you to know that in the last 40 years we are currently at the lowest level of kids being identified for special education purposes with the SED label. What that's meant is that many children, when they are first experiencing symptoms and signs of mental health conditions, are being lost to the system. What they've told us as they screen, is that for 90% of them, they're screening as positive or moderate to severe for depression, and more than half of them report having suicidal thoughts or self-harm thoughts nearly every day of the week, or at least more than half the days.

So, we need to do something about this, and at Mental Health America, our [online screening tools](#) are just one asset that we hope that you will share and hope that you will encourage people who contact you to use. Because in this day and age, [100% of us are experiencing worry from the pandemic](#), but for so many of us, that worry will transform to anxiety or depression. When people ask what can we do about that, I say as a matter of public policy, we should not guess as to whether or not what we are experiencing is real. We should just take a mental health screen, and we should encourage all constituents to take a mental health screen because it's been recommended by the [U.S. Preventive Services Task Force](#) for everybody over the age of 11.

Yet, rarely do we have regular mental health screening every single time we visit a clinician or every single time we're being screened for health effects. Mental health screening should be as ubiquitous as blood pressure screening for adults and as ubiquitous as vision and hearing screening for children. And yet, even though we have the policies in place and all we need is the bully pulpit, we have allowed mental health support and mental health screening to be buried under an avalanche of other concerns.

Well, 7,000 people came to our [website](#) just during the month of April and told us they had suicidal or self-harm thinking. That's twice as many people who die by suicide in any given year. So clearly, there are serious mental health concerns and conditions out there. And again, it's no surprise that people are reaching out.

So, what can you do about that? Well, encourage people to take a screen and not guess. Screening on our website is offered free of charge and it's anonymous. So, that's one place people can go do it. But there are certainly other ways that people can get screened as well. And then, what should we do with that information? Well, I say, rather than building our mental health system based on the needs of our current provider community, based on what we've already done, based on how many people are in our jail and prison systems and how many people we're trying to remove, or based on how many people are homeless today like my son Tim, we should be building it solely based on the needs of the population, as expressed through something as simple as the questionnaires and the online mental health screening tools.



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At Mental Health America, we've also offered tools and resources that I hope you will encourage constituents to make use of. We began Mental Health Month back in 1949, and today (May), [Mental Health Month](#) is the most widely recognized public education program. This year, our Mental Health Month theme at Mental Health America was “tools to thrive.” More than 20,000 organizations have [downloaded our toolkit](#). Again, it's available free of charge in any individual organization to go to our website and download it. It gives people practical things that they can do in order to maintain their mental health.

We offer the combination of being able to use these practical tools to maintain mental health as well as the opportunity to take a screen. What we provide is a customized result offering information in four different areas for everybody who takes the screen—information about mental health, referrals to treatment services, engagement with peers, and do it yourself tools—the four things people most commonly asked for from policymakers and others. We're offering those as, as a result, individually for everybody who would take a screen. These are two things I think that can of use and that we can offer.

Times have changed—the last three months have had sent us down pathways we never imagined at the beginning of this year. We're not going to come out of the mental health aspect of this anytime soon. Right now, it's being driven by loneliness and isolation. That's the reason most commonly cited for people who have a mental health problem and screened on our website. But grief is still down below and financial problems are still below that. As we lose more people to this pandemic, and as more people more permanently lose employment and experienced financial difficulties, the wave of mental health need that is occurring today is going to have built upon the top of it an additional wave this summer and next fall. We will hope that the pandemic doesn't come in a second wave, but if it does, all of this will turn again.

So, the mental health issues you're hearing about won't go away. For those of you who haven't yet heard about them, you probably will. If you're just looking for simple straightforward things to do:

- Encourage people to take a [screen](#), and
- Encourage people to [make use of the resources](#) that are [out there](#).

I'm going to stop here and give us some time for some conversation or Q&A or to probe any other areas that we've been working in.

I will say one mention about that telehealth—I deeply appreciate the efforts of everybody who's been involved at the [state level in loosening up state requirements to encourage telehealth services](#). Medicare finally followed suit at the national level a couple weeks ago by opening up the opportunity for people to use phone calls to do therapy. But in many states, you've had to relax a lot of rules and regulations to promote telehealth. The tele-mental health services have been absolutely critical to many people were deeply appreciate appreciative to all of you who have put some time and attention to that.



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Senator Nancy Todd: You have you have really hit on so many important topics and so many important resources to give to each one of us. I think the idea of a routine screening is something that we are seeing a little bit more with integrative health and we're seeing that more doctors are asking, not only how are you doing today, but really, how are you doing today, and being a little bit more pointed in terms of those directions.

In terms some of the questions, from (New Hampshire) Representative Wendy Thomas: Mental health treatment was insufficient before. Have you seen the mental health system change and adapt due to COVID-19?

Paul Gionfriddo: Yeah, I mean the system was certainly inadequate before. I mean, again, I take some responsibility for that—I was there a generation or two ago—and helped not build an effective system of services and supports and didn't focus enough on children's mental health needs or early stage intervention. Remember, we use a “danger to self or others” standard as a trigger for treatment. When you think about that, it's a public safety standard, not a symptom of a mental health condition.

So, what has happened with the pandemic is that it's really underscored the importance of earlier stage intervention. As I say, a lot of newly worried people are becoming newly anxious and newly depressed and it's giving us the opportunity, I think, to focus in on a broader population. I often say that the population we need to be focusing in on is not my son Tim today—homeless on the streets of San Francisco and has been ill for 30 years—it was the population that looked like my son Tim 30 years ago—the five to fifteen-year-olds who are in school and beginning to show outwardly the signs and symptoms of mental health conditions.

So, whether those occur as they do most commonly among children or whether they begin to occur even up to my age group and our 60s now, the fact of the matter is we've got to think about rebuilding our systems around earlier detection and early intervention, just like we've done with cancer and heart disease. If we're going to bend the curve on suicides, which is the worst end stage outcome on the mental health side and it's the one area death we haven't bent, we have to work more up front and be willing to do that more aggressively and for broader populations.

Senator Nancy Todd: I think one of the most important things is the resources because a lot of times we'll have questions as we're hearing you present and speak, and then later on want to come back and say, well, how can I refer a constituent? How can I get additional services? We are so appreciative of the website that you provided for us and for making sure that we know not just that May is [Mental Health Month](#) but every day is mental health day.

So, we want to Want to make sure that we give that opportunity for people that have additional questions. I think if there are additional questions that will come through. My recommendation is that you go ahead and send them to Laura Blake at lblake@womeningovernment.org and then we can forward those and respond to them individually as well.



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I want to thank you Paul for being a part of [Women In Government](#) and a part of the advocacy for strong mental health across our nation. With that, I want to remind all of our listeners that in June, we are going to have two more sessions:

The June 3rd session will be “Amazon’s Response to COVID-19: Supporting Employees, Customers, and Communities”

The June 10th session will focus on “Access to Cancer Treatments During COVID-19”

Registration and resources for all WIG Wednesday events can be found at www.womeningovernment.org. And don’t forget to register for the upcoming [WIG Summer Summit series!](#)

I want to thank you all again joining us today, encourage you all to stay safe, be smart, and wear your mask. I don't know if I'm still on, but I've got my mask and Colorado is back in session and we are all wearing our masks and trying to social distance. Take good care of your mental health as well as your physical health. And once again, Paul, thank you so much for joining us Women In Government is my best friend and I want it to be yours as well.

Paul Gionfriddo: Thank you.

Lucy Gettman: Do we have any more questions from the audience for Paul? Perhaps not. Paul, could you just tell us a little more about Telehealth.

Paul Gionfriddo: Certainly, and do let me also just make the offer that if there are additional questions or additional resources that people may need, not only can you find them at the two or three websites that were listed—the [screening program](#), [COVID-19 resources](#), in particular, and [Mental Health Month resources](#)—but we're very willing to share what we have with anybody who's been on the call. If later on, somebody has a question and wants to forward it through you to me, that would be great.

The telehealth side is just, as I said, been really important for us on the mental health side. So much of the work that's been done in mental health involves conversation, and without people being able to meet in person, it really hurt a lot of mental health providers who had capacity, but not the ability of people to get there to take advantage of the services that they needed. So, telehealth immediately had a positive potential effect on that.

But as I mentioned, in many states, the tele-mental health side had not been considered as much historically. For example, under the Medicaid programs, people weren't allowing tele-mental health services a couple of months ago, and under the Medicare program until a couple of weeks ago, private insurers too. Nearly everybody—nearly every insurer—has changed in the past couple of months what their restrictions are and have opened up tele-mental health possibilities as well as telehealth possibilities significantly. And so again, with constituent requests and others, it's important to have



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people check back with their insurer, whether it's public or private, and double check the answer they got a couple of months ago, or even a couple weeks ago because it may not be the answer they're getting today. But again, many people on this call and certainly those at the state levels, are the people who really [stepped up to make sure those state rules and regulations changed](#), literally on a moment's notice, and made it possible for many of these people who were seeing our screening program to be able to get connected to resources to help afterwards.

Lucy Gettman: Well, Paul, thank you so much for letting us keep you online for just a couple minutes more. I want to thank Women In Government's Immediate Past Chair, Colorado Senator and Senate President Nancy Todd for her masterful moderation of the event and for all the work that she's doing and that you are doing and that we're all doing to optimize mental health for our constituents in our community.

So, if there are any further questions, please visit our website to take advantage of the [resources](#) we have available there and we hope to hear from all of you on this topic, we hope to see you at the next [#WIGWednesday](#) and our [Summer Summit Series](#).

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