



The COVID-19 pandemic spotlighted the need for good mental health support during the crisis and beyond, and meeting that challenge has expanded options and perspectives on quality care.  
By Mark Kramer

# OVERCOMING PANDEMIC HIGH ANXIETY

**B**efore the COVID-19 pandemic, Deana Ekas had never counseled her teen and young adult clients through a computer screen.

But in spring 2020, Ms. Ekas, director of behavioral health services for the Division of Adolescent and Young Adult Medicine at UPMC Children's Hospital of Pittsburgh, and her team of counselors found themselves doing just that. They had to quickly shift all services from in-person, office-based interactions to telehealth. "It was more difficult to assess kids on a screen," she said. "Behavioral health is very nuanced. We're looking at body language. We're looking at eye contact. There's a lot that goes into a behavioral health assessment other than just asking questions."

Her clients expressed burnout from excessive screen time and anxiety around their families' increased needs. But also, many began meeting with her more frequently than before the pandemic. In fact, in more than 30 years of clinical work, Ms. Ekas had never seen such demand in her field and increased wait times to receive services. Meanwhile, she

and her colleagues could no longer drop into one another's offices to consult about clients.

"Therapists were going through the whole trauma of the pandemic while everybody else was, too," she said.

Still, she and her coworkers adapted by consulting one another every day over Microsoft Teams videoconferencing during a group lunchtime. Their clients adapted as well. Some found counseling sessions conducted from their own bedrooms to be more comfortable than the anxiety of coming into a waiting room and office and more convenient for their parents.

Two years later, Ms. Ekas is again meeting clients in person, though about half her caseload remains online. She's able to follow more clients into their college years due to remote meetings, and demand remains high.

According to the National Alliance on Mental Illness, 1 in 5 Americans were affected by mental health problems in 2020. The Kaiser Family Foundation found that the number of adults reporting anxiety or depression quadrupled over the last two years. The Centers for Disease Control and Prevention reported a 28 percent rise in overdoses during the first year of the pandemic.

The COVID-19 pandemic has clearly exacerbated mental health problems across the country, and in turn affected individuals' "behavioral health" — those behaviors that impact someone's health, including their physical and mental well-being.

Behavioral health programs in southwestern Pennsylvania have experienced these trends firsthand. According to Dr. Noreen Fredrick, vice president of ambulatory and community behavioral health services at UPMC Western Psychiatric Hospital, her programs saw a 25 percent increase in the number of outpatients they served from 2019 to 2021 and a 10 percent rise in calls for child behavioral health services between January 2021 and January 2022. Also, during the first two years of the pandemic in general, more calls were made to UPMC's PsychCare+ hotline and wait times increased as clients sought services at higher rates than they were available.

In response to these pandemic-related issues, agencies and organizations in the Pittsburgh region have pivoted their programs, often innovating in ways that are transforming approaches to addressing mental and behavioral health challenges faced by individuals of all ages and backgrounds while reinforcing the importance of meeting practical human needs.

Dr. Fredrick said the silver lining is that the pandemic has "shined a light on how people are now taking care of their mental health, making it a priority, making it a part of their normal routine of care."

### Telehealth for mental health

**L**ike other sectors, behavioral health providers and clients turned to digital formats such as FaceTime and Zoom during the pandemic. While telehealth was already a growing form of care, the U.S. Department of Health and Human Services found a 32-fold increase in telehealth behavioral health care from 2019 to 2020.

Denise Macerelli is deputy director for the Office of Behavioral Health in the Allegheny County Department of Human Services (DHS). She said many clients found telehealth services to be beneficial. Providers have seen a drop in no-show rates, and many families and adolescents have preferred remote therapy. Other providers found that telehealth enables people with autism or intellectual disabilities to receive care without disrupting their routines. This also allows providers a better window into clients' daily circumstances.

Still, telehealth isn't a fit for everyone or every circumstance. "If you're in crisis, it turns out trying to install some new app on your phone that's HIPAA compliant — that's not a really great crisis intervention tool," said Dr. Jack Rozel, medical director for resolve Crisis Services, referring to the Health Insurance Portability and Accountability Act of 1996, the federal law that restricts the release of medical information. "When people are in crisis, having someone there in person really makes a world of difference."

To access telehealth services, a reliable device and internet connection are needed.

“Most people who are stressed and distressed and really experiencing sleep disturbances and anxiety and so forth do not necessarily have psychiatric disorders. And the solutions are not necessarily more therapy.”

**Dr. Elizabeth Miller**, medical director of community and population health for the University of Pittsburgh's School of Medicine and director of the Division of Adolescent and Young Adult Medicine at UPMC Children's Hospital of Pittsburgh



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Heading into the pandemic, almost 1 in 5 Allegheny County households lacked at-home internet. Beyond the Laptops is a campaign that was created by community development nonprofit Neighborhood Allies and Pittsburgh Public Schools to address disparities in digital access and has been supported by The Heinz Endowments and other foundations, corporations and organizations. According to campaign officials, 13 percent of households in Pittsburgh do not have computers. Meanwhile, in some households many users must share devices.

Dr. Elizabeth Miller, medical director of community and population health for University of Pittsburgh's School of Medicine and director of the Division of Adolescent and Young Adult Medicine at UPMC Children's Hospital of Pittsburgh, recalled speaking with one elderly resident by phone because he didn't have access to the internet. He told her, "Doc, I feel like I just won the lottery. I thought you all would just forget about me."

Dr. Miller told him they were registering him for COVID vaccinations, which she viewed as a form of mental health care because vaccinations can help people regain a sense of normalcy in their daily lives.

Various programs have scrambled to close the digital divide by providing laptops, smartphones and Wi-Fi connections. For example, by the end of last year, Beyond the Laptops had helped to connect 1,000 people to free internet and distributed 1,900 refurbished and new laptops to Pittsburgh Public Schools students and other community members, and then worked with local broadband providers to give households an internet connection.

Ms. Macerelli said DHS programs provided clients with similar digital supports, while adding that "the needs of some of our providers were no different than the needs of the families." And according to other DHS officials, last summer the agency fulfilled \$3.38 million in provider requests for devices and internet connections.

#### Helping children feel secure

**P**aul Siefken, president of Fred Rogers Productions, said that children need a sense of normalcy to develop emotionally and socially. During the pandemic, his organization, which produces children's television content for more than 200 U.S. television markets, spotlighted episodes that were relevant to pandemic circumstances or produced new content to meet the moment.



Screen image courtesy of Fred Rogers Productions

## KIDS AND MENTAL WELLNESS

“Daniel Tiger’s Neighborhood: Won’t You Sing Along with Me?” was a special music-filled video created by Fred Rogers Productions to help address some of the challenges children and their families experienced during the COVID-19 pandemic. The story shows how Mom and Dad Tiger used songs to reassure and encourage Daniel Tiger when he found out he can’t gather with his neighbors at the Neighborhood Carnival.

For instance, “Daniel Tiger’s Neighborhood” addressed the need to stay home to help keep neighborhoods healthy and safe, though the show didn’t explicitly mention COVID-19. The company also made downloadable versions of content that could be used offline and worked with PBS KIDS to create games compatible with older computers and operating systems so that they are more accessible for everyone.

“Our content became really a lifeline for families who relied on quality educational media available to them for free through PBS and broadcast and streaming video,” Mr. Siefken said. According to Nielsen, more than 96 percent of households have some form of television access, whether through over-the-air antenna, satellite or broadband internet.

Mr. Siefken added that Fred Rogers Productions also has provided emotional and social support to children by organizing local collection drives where children could donate food, toys, clothes or school supplies at local television stations, thereby “introducing

children to the idea that they can participate in their community, they can help other people ... and feel empathy for other people.”

### Economic and social strains on mental health

**M**any behavioral health services providers said the pandemic highlighted how basic economic and social needs and stressors, such as food or housing insecurity or the loss of a job, deeply affect peoples’ mental health. The pandemic also has underlined the disparate ways in which people experience these problems.

A January 2022 survey by the United Way of Southwestern Pennsylvania found that anxiety levels were highest among low-income households and most pronounced among younger age groups. Black parents and caregivers responding to a Healthy Start survey said their top concerns were financial obligations and isolation.

“Most people who are stressed and distressed and really experiencing sleep disturbances and anxiety and so forth do not necessarily have psychiatric disorders,” Dr. Miller said. “And the solutions are not necessarily more therapy.”

Her programs and many other behavioral health care providers pivoted to provide practical supports, such as connecting clients to food pantries or even delivering food, or giving parents of young children diapers and formula.

“When we medicalize and pathologize what are really structural and system failures to distribute resources equitably, to support employment equitably, and to reduce parental stressors equitably, and [we] say we’re in a mental health crisis, we’re actually shifting the lens away from what are really policy and structural inequities that need to be addressed,” Dr. Miller contended.

While foundations like the Endowments and other organizations may not have specific initiatives addressing mental health, many support efforts by large and small community nonprofits and government agencies like the DHS to rectify the inequities and other social and economic challenges that Dr. Miller explained affect mental and behavioral health.

For example, the Endowments supports several programs designed to help military veterans readjust and thrive in civilian life. In discussing mental health care for veterans, Megan Andros, the Endowments’ senior program officer for veterans, pointed out that most trauma affecting military veterans — and exacerbated by the pandemic — isn’t combat related but instead a result of other experiences such as sexual assault or childhood trauma. She said that community organizations need to determine which of their clients are military veterans and then focus on crisis prevention, holistic and coordinated care efforts, and practical supports, such as workforce development.

#### Making services more effective

As was the case for other sectors, behavioral health services providers saw a loss or decrease in availability of staff, making the provision of care that much more difficult. Ms. Macerelli of the county DHS Office of Behavioral Health noted many vacancies among DHS’s 300-plus agencies even while, as “essential workers,” most of

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Dr. Jack Rozel, medical director, resolve Crisis Services

the remaining staff had to provide in-person support as much as possible.

UPMC’s behavioral health services also have lost staff, though “the major factor driving that is the workload in terms of paperwork,” according to Dr. Fredrick of UPMC Western Psychiatric Hospital, “and the paperwork is driven by regulations.” She said administrative burdens caused by Medicaid claims in particular are pushing overworked staff to leave for the private sector.

Still, changes to regulations and other innovations resulting from the pandemic may lead to long-term reform in behavioral health care.

Ms. Macerelli sees an opportunity now to codify what were emergency changes to the delivery of telehealth services, such as allowing the use of phones for therapy sessions and simplifying treatment consents. Her office is part of a statewide stakeholder committee examining these issues.

At the Division of Adolescent and Young Adult Medicine at UPMC Children’s Hospital of Pittsburgh, Ms. Ekas hopes that telehealth is here to stay. “Anything that creates a barrier to young people receiving care is not a good idea,” she said, “and taking away telehealth would create a barrier for young people to get care. They’re very tech savvy. They’re very comfortable with this platform. Some of them absolutely prefer it.”

As for other changes to behavioral health, Dr. Rozel of resolve Crisis Services said that the confluence of an increase in Black Lives Matter protests with the pandemic led to further discussion questioning the effectiveness of using law enforcement to help someone dealing with a mental health crisis.

He also points to the National Suicide Prevention Lifeline, which uses the number 988 for mental health crises, much as people use 911 for other types of emergencies. Beginning July 16, that number will become a national service that routes users to local partners of the Lifeline.

“This is going to be a game changer,” he said, noting that most people, even service providers, don’t currently know their local crisis intervention phone numbers.

Dr. Rozel added that the federal Substance Abuse and Mental Health Services Administration recently made significant increases to spending on crisis services and other mental health care. And he sees recent changes in care, from how mobile crisis services are routed and delivered to the use of remote support groups and texting to care for clients, as transformative.

“We’re at an inflection point,” he said, “and part of this is because of technology and part of this is because of policy and part of this is because the world has changed.” **h**