

26 May 2021

## **BRIEF19**

*A daily review of covid-19 research and policy*

### **Editor's note**

If you've been reading *Brief19* during our 14 months of daily briefings, you've no doubt seen Dr. Jordan M Warchol's byline many times. In fact, Dr. Warchol has filed [around 50 briefs](#) overall, sharing her health policy expertise with our readers all over the world.

Last week, Dr. Warchol was interviewed by the American Medical Association in an informative and enjoyable [Q&A for its website](#). Please check it out! In the Q&A, Dr. Warchol describes her work both before and during the pandemic, including her contributions to *Brief19*. A year ago, the AMA interviewed our founding *Brief19* policy editor, [Dr. Kimberly Chernoby, MD, JD, MA](#) and frequent *Brief19* policy writer [Dr. Joshua Lesko, MD](#) (whose active physician military duty often means that his briefs are often signed as "*Brief19 Policy Team*.") That interview (and video) can be found [here](#).

Lastly, today's briefing is a "theme issue." We cover two aspects of mental health during the covid-19 pandemic. In the Research Briefing, [Dr. Bernard P. Chang, MD, PhD](#), walks us through a framework that healthcare professionals and the even those seeking help can use to formulate a sturdy mental health care plan for now and after the pandemic. In the Policy Briefing, we learn about new funding for pediatric mental health.

Thanks as always for reading *Brief19*.

—Jeremy Samuel Faust, MD MS

### **RESEARCH BRIEFING**

#### **Looking ahead: a new framework for tackling mental health challenges during and after the covid-19 pandemic.**

Mental health challenges during the covid-19 pandemic have been described across numerous published studies. Researchers have [found](#) and reported on evidence related to increased anxiety and depressive symptoms across the general population and the exhausted healthcare workforce. Death by suicide is the most devastating of these health outcomes, and both death by suicide, as well as non-fatal self-injury have been concerns during the pandemic. While recent work has found that overall rates of death by suicide appear relatively [unchanged](#) in many countries around the world and actually [lower](#) in the United States during the pandemic, comprehensive strategies for identifying and supporting at-risk patients is of the utmost importance. In a recent review appearing in *JAMA Psychiatry*, a group of authors presented a novel framework based on eight thematic focus areas, spanning from individual clinician/patient efforts, to municipal and federal policy level advocacy:

1. [Existing mental illness](#): continued support and resources for patients with known existing mental health illness with an emphasis on increased clinician training for training in suicide prevention and culturally appropriate care.
2. [Isolation, loneliness, and bereavement](#): community-level engagement from leveraging community services to provide support for those living alone and ensure access and accessibility.
3. [Suicidal crisis](#): evidence-based risk assessments and care pathways, with exploration of novel digital and traditional interventions.

4. Access to means: involvement of both governmental and nongovernmental groups to evaluate and assess home and workplace safety, in addition to counseling with regards to access to lethal means.
5. Financial stressors: evaluation of financial safety nets and identifying appropriate local/state/federal programs aimed at ensuring support to those in need.
6. Domestic violence: continued support and programs for ensuring confidentiality and victim protection.
7. Media reporting: broad education to media professionals with respect to adhering to mental health messaging guidelines.
8. Alcohol consumption: alcohol has been associated with increased risk for completion of death by suicide. Sustained efforts to continue messaging regarding safe drinking and crisis resources

This multidisciplinary approach may be used by healthcare providers to strategize with individuals in need of support and those with behavioral health concerns both during and after the pandemic. Ultimately, as this paper highlights, suicide prevention in the covid-19 era and beyond will require addressing not just pandemic-specific suicide risk factors, but also pre-pandemic existing ones as well.

—Bernard P. Chang MD, PhD

## **POLICY BRIEFING**

### **New funding for pediatric mental health announced under American Rescue Plan.**

At *Brief19*, we have been discussing President Biden's [American Rescue Plan](#) (ARP) a lot over the past several weeks. Slowly, we've been learning more details on where and how the \$1.7 trillion committed in the omnibus bill, aimed at reversing the course of a pandemic in the United States, will be spent. In this vein, the US Department of Health and Human Services (HHS) has [announced](#) that \$14.2 million from the ARP has been allocated to increasing pediatric mental health resources.

Specifically, the funding will support the [expansion](#) of the Pediatric Mental Health Access Program (PMHAP), which uses telehealth resources to integrate mental health and behavioral health evaluations into the pediatric primary care setting. The need for such a program is clear. Estimates say that only 20 percent of children with mental and behavioral health needs are being treated by an appropriate specialist. *Various*.

— *Brief19 Policy Team*