



Building Capacity to Meet Mental Health Needs During COVID-19

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B4Stage4

Setting the Stage: The Urgent Need

- There is an urgent and growing need for mental health care and resources during COVID-19
- Anxiety screenings on the MHA website have increased significantly
- Many people are facing unemployment
- Parents are trying to balance working from home with home schooling their children
- There is no real “end date” to what’s happening in the world, which can cause additional stress and result in “compassion fatigue”

The Good News...

- People are hungry for information and resources
- Many want to volunteer to help
- Mental health is being talked about, even if many funders haven't yet identified it as a high priority
- More and more, people are noticing that their mental health impacts their physical health, family life, efficiency at work, etc.
- Social isolation is being recognized as an actual problem

Challenges to Meeting the Needs

- Traditional methods of outreach are unavailable
- Services and programs must be delivered remotely or not at all
- Programs must be re-evaluated to determine whether they should be offered right now
- Fundraising events have been put on hold or cancelled
- Many grant funders are focused on basic needs, overlooking mental health
- Loan programs are low on funds and/or confusing with long wait times

The challenges are daunting, the need is great, and funding is limited.

**So given all this,
how do you build capacity to meet needs?**

Building capacity doesn't have to be expensive.

But it does take a willingness to explore new approaches to our work, build collaborations, and re-define who we serve to meet current needs.

Challenges Can Be Overcome By...

- Relying on national resources and information
- Finding new approaches to outreach and marketing
- Making adjustments to existing programs and services
- Identifying and meeting emerging needs
- Utilizing existing and new volunteers
- Building partnerships and collaborations
- Re-defining who we serve and tailoring programs and outreach
- Making the case to potential funders

What are the needs? How do we meet them?

- We have been participating in weekly calls with metro area crisis providers, as well as a group of hospitals and others working to meet the mental health needs of the healthcare community, which has helped us to identify needs and potential partners.
- We have looked for ways we can maintain and grow our programs and reach new populations/develop new services without stretching our existing staff too far or drifting from our mission and core work.

Adapting Our Mental Health Ambassador Program

- Our Mental Health Ambassador Program has more than 300 members across Minnesota. All have a lived mental health experience, and help promote hope, recovery and wellness through sharing their story/experiences with community members and policy makers, as well as through surveys, etc.
- Our most active ambassadors are used to being out in the community, giving speeches— So now what?
- We have asked ambassadors to record videos of their story and how they are coping during this time, which will be released on social media in May
- We are also working on another survey to keep ambassadors engaged, which will help us identify community needs for our public policy work
- We also started to hold group meetings for ambassadors twice each week to keep them connected to us

Minnesota Warmline

- The Minnesota Warmline provides statewide peer support for mental health recovery and wellness (open evenings, Monday-Saturday)
- Available by phone and text
- Staffed and supervised by Certified Peer Specialists
- In 2019, the line took more than 12,000 calls
- The service saw a 15% increase in use in the first quarter of 2020 over the first quarter of 2019. The number of calls from Hennepin County has increased by 50%.
- One in five callers say they would call crisis/EMS or go to the emergency room if they couldn't reach us

Adapting the Warmline Service During COVID-19

- The service was already by phone/text, and our phone system is cloud-based, making it an easier transition to remote work
- Hurdles included:
 - The need to purchase/set up additional equipment for staff
 - Determining how to keep the staff connected during shifts
 - Staff training/technology troubleshooting
- How we addressed them:
 - Additional iPads
 - Google Hangouts
 - Board assistance/staffing adjustments

Taking Steps to Reduce Social Isolation

- Social distancing has increased feelings of loneliness and isolation
- Even before COVID-19, 40% of older adults report regular feelings of loneliness and isolation
- 75% of Warmline callers already felt isolated. Some started calling us repeatedly each night (our rule is one call per night).
- For many people living with serious mental illness, the supports they had in place are unavailable or reduced (in-home services, clubhouses and drop-in centers, etc.)
- What could we do to help?

CONNECT: A New Initiative to Reduce Social Isolation

- Provides social connections by phone between our volunteers and people who may be struggling with social isolation, loneliness, stress, anxiety or worry during the social distancing related to COVID-19
- People sign up to get calls by calling our Helpline or filling out a form on our website. They start getting calls from volunteers within 2-3 days.
- Volunteers complete background checks and are given guidance/direction for making calls, as well as resources to provide
- These are quick calls, with a “we’re in this together” approach
- Promotion for program is through social media, community newspapers, and outreach to providers

Taking Care of Those Who Take Care of Us

- People working in healthcare, emergency services, and other essential services are experiencing unprecedented levels of stress
- We have been participating in a large group of providers, hospital systems, etc. to identify specific mental health needs (i.e. nurses, administrators, etc.)
- We are hosting a panel of nurses on Zoom next week talking about the importance of taking care of mental health needs
- We also collaborated to develop a new service to provide mental health support to this population

COVID Cares: Supporting Mental Health of Those on the Frontlines

- This service provides mental health support to healthcare workers, first responders and other essential personnel (i.e. mental health/SUD providers, shelter workers, etc.)
- Collaboration was key: This was developed as a partnership between the MN Psychiatric Society, MN Psychological Association, and Mental Health Minnesota
- Support is provided by phone by mental health professionals who are volunteering their time, and is available 9 AM to 9 PM, every day of the week
- We created a poster that has been sent to hospital systems and other key locations with a QR code to find the volunteer on duty when needed
- We have also promoted the service via social media and through email to key organizations (i.e. MN Nurses, Care Providers of MN, etc.)

Tips for Managing a New Army of Volunteers

- There are many people who want to help others during this time. In just a few weeks time, there were more than 25 CONNECT volunteers, and more than 70 mental health professionals have signed up to volunteer for COVID Cares.
- Managing expectations of volunteers is important: These are new services, and promotion takes time. However, it's important to ensure that you have the volunteers you need to carry out the work before starting to promote it to users.
- Communication and thank you messages to volunteers is essential to keep them motivated and connected.
- Tracking data is important, even if it's a short-term program.

What's Next?

- Making the case for funding (ex. Warmline service helps keep people out of hospitals)
- Promoting our services in a more targeted way (i.e. Warmline and CONNECT promoted to providers, Helpline and online screening promoted to employers to share with employees working from home)
- Determining how/if to offer programs in the future, and for how long
- Finding new ways to support our staff
- Considering how to use offers to help
- Identifying other populations/groups to serve
 - College students
 - People who have been furloughed or laid off
 - Those who are working from home and homeschooling children

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