

Mental and Behavioral Health

CWTF Subcommittee Meeting

December 2, 2020

Mental and Behavioral Brief Overview –

*for those who may not have had an opportunity to review it in advance

The learning loss brief dives into:

- Trauma / Childhood Adversity / ACEs / Toxic Stress
- Substance abuse
- Suicide
- Anxiety and Stress

Subcommittee Discussion and Feedback –

- Task force members would appreciate talking points regarding the briefs prior to publication so conversations with stakeholders can take place in advance. Clear emphasis that these are recommendations and are not meant to be requirements or mandates.
- Provide anecdotes / data to demonstrate the likely positive outcome implementing these recommendations will have. Identify examples in Tennessee that demonstrate implementation and outcome.
- Include comparative data to provide context to the COVID-19 related data we are observing.
- While firearms are used most prevalently in the southeast, suffocation is the most common cause of suicide in the nation.
- Began discussing the policies that in place that could be relaxed during this period to help ensure families are supported, such as interns being able to provide support and billing hours being amended.

Subcommittee Recommendations –

- Make sure recommendations are inclusive of our young children who are not yet school age. Include training for stakeholders in how to support children under the age of 8 in light of COVID-19 related impacts.
- Focus on destigmatizing mental health by increasing awareness and making resources and numerous strategies more readily available.
- Coordinate with the university system to increase opportunities to pursue mental health careers.

Full Task Force Meeting

December 9, 2020

Discussion and Recommendations -

- Access, connection and care are at the heart and root of mental and behavioral health recommendations

- Big issue overall: In some sense, already in a pandemic before COVID-19. Moving up 11 states in the national ranking. CDC started doing household surveys and now mental health has dropped since the onset of the pandemic.
- Number of great things underway including use of available funding sources AND there has to be more. Something that has to come together around local communities
- Demand is up 4-times, so need as many professionals as possible. Look at regulations – reimbursement, service hours, supervision, etc.
- Telehealth and technology to serve and expand access to services and connection between peers and families
- Increase awareness of what is available and how to access care, especially in support of young children