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**Let’s Celebrate Workforce**

By

Michael B. Friedman, LMSW

Adjunct Associate Professor at Columbia University School of Social Work

<https://behavioralhealthnews.org/lets-celebrate-our-workforce/>

Every day when he left home to serve as the attending psychiatrist at an inpatient unit at a general hospital, he wondered whether he would contract COVID at work that day and bring it home to his wife and two small children. Maybe he had already brought it home. Had stripping in the garage and taking a shower before entering the house been enough to protect them? Would it continue to be enough? He doubted it. But he had job that had to be done despite his fear of COVID for himself and his family.

This story or one like it played out 100s of thousands of times every day when COVID was at its height and there were no vaccinations. Doctors, nurses, social workers, direct care workers in hospitals, nursing homes, assisted living, and residential treatment, risked their lives and the lives of their families everyday because there was a job to be done.

This issue of *Behavioral Health News* is about the workforce crisis during the pandemic.  And no doubt problems were revealed, especially in residential settings.  But what was also revealed was the heroism and inventiveness of the health care workforce including the behavioral health workforce.

The sheer courage of doing their jobs every day astounds me. I suppose if I weren’t retired, I would have done the same thing because those of us who work in this field have obligations that we generally live up to. Still, I was very happy to be sheltering-in-place, and I have great admiration for the professionals and paraprofessionals and peers and volunteers who did their jobs while fearing for their lives and the lives of their families.

I also have great admiration for the inventiveness that emerged during desperate times. What gets the most attention is the use of telehealth to replace in-person contact, and it is amazing that this happened so quickly, amazing that psychotherapists and others adapted so quickly. Even more amazing, I think, that telehealth was used for not just for one-to-one psychotherapy but also for group therapy, for rehabilitation, for mutual support groups, for morning meditation groups, and more.

And hats off to the elected officials and bureaucrats who declared an emergency and changed reimbursement rules virtually overnight. I’ve been working to get improved funding mechanisms in place for over 40 years—with slow incremental gains. Overnight, the people who have to slug through the complexities of modern bureaucratic regulation did it.

Our professions also rose to the occasion with efforts to educate people who were experiencing considerable fear and sadness (almost everyone) how to cope with their distress. Tip sheets and other tools emerged also overnight. An amazing response.

I confess that I am not enamored of these tip sheets. I don’t think they speak to many of the people who where most devastated by the economic consequences of the pandemic or to people who are not well educated or to people just too overwhelmed by taking care of their families to have time to take a break, make a plan, or breathe deeply. And getting a good night’s sleep is much easier to advise than to do, even in the best of times.

But the people who got these tips out were very well-intended, very rapid in their response, and probably helped some people who needed it.

I was also enormously impressed with efforts that were quickly put in place to use volunteers (for the most part) to combat social isolation among people who had to shelter-in-place because of their high vulnerability. Telephone callers reached out to many of them with offers of help—most commonly they needed food and access to their medications—as well as offers of simple companionship. Several of these efforts built in mental health back up services for people whose distress in response to the pandemic suggested mental and/or substance use disorders.

Senior centers, houses of worship, and other community groups also tried with some success to reach out to their members who were now cut off and lonely.

These humane efforts were a wonderful example of preventive interventions that hopefully will continue after the crisis is over.

In a sense, the pandemic revealed what had already become a growing concern—that there are powerful social determinants of behavioral health. The pandemic itself is a social determinant, but so are rises in racism, struggles to survive economic catastrophe, the loss of access to spiritual support, and more.

And despite the vituperative political divide in our nation today, which I believe contributes to the apparent rise in psychological distress in the United States—despite that divide, the country rose to the occasion and provided economic supports and concrete services that made it possible for people to survive and to weather the emotional storm.

So, there is much to praise about the courage and inventiveness of our nation and fields of practice. But there is also reason for concern going forward. The hopefulness that emerged with vaccines has been partially dashed by the recent resurgence of the pandemic due to the large number of people who refuse to take the vaccine. It’s clear that this is terribly disheartening to the people who have had the courage to carry the nation through the darkest days of the pandemic. For many it is also infuriating.

Will they burn out? We’d better hope that the sense of duty that kept health and behavioral health care personnel going throughout the pandemic does not get overwhelmed by anger and disappointment about the people who refuse to take care of themselves and their families and who risk the health of their communities in the process.

Sustaining a sense of duty, the courage to face death, and the energy to persevere are, it seems to me, the primary workforce “crises” at this time of COVID. I say this while hoping that by the time you read this, my fear for the future will be totally out of date, that what will be left is just a need to celebrate what the workforce achieved.

(Michael B. Friedman, LMSW is a retired social worker who continues to teach at Columbia School of Social work—via Zoom—and who has become the volunteer chair of The Cognitive and Behavioral Health Advocacy Team of AARP Maryland.)