SPEAKER NOTES

Telehealth and Changes in Mental Health Care

Summarized by Thomas T. Thomas

Dr. Kim P. Norman, MD, is the Distinguished Chair of Adolescent and Young Adult Health at the University of California, San Francisco, and a psychiatrist with over 40 years of experience caring for young adults and families with mental health challenges.

In 2004, he founded the Telemedicine and Scalable Therapeutics Program at UCSF's Department of Psychiatry and Behavioral Sciences, where troubled young people and their families receive the best available clinical care, irrespective of their ability to pay. He has also pioneered new, scalable, and personalized approaches to psychotherapy like GritX.org.

"What keeps me awake at night," Dr. Norman said, "is that if all my patients are doing well, then I'm not taking on enough challenges." He explained that he can only see about ten patients a day, or seventy in a week. Even though he takes on patients who need help the most—those with schizophrenia, bipolar disorder, suicidal ideation, etc.—he still gets calls from patients with severe mental illness, and from their parents and friends, who need help.

This led him to develop GritX, which consistently scales evidence-based services in an online format. It is available to thousands of patients—the current usage is about 2,500 per day—without the barriers of insurance costs, "consumable" hours[1] of professional time, and cultural differences. The process is "asynchronous," because the patient gets therapy in his or her own timeframe, rather than at the pace of individual sessions with a human therapist.

With that introduction, Dr. Norman opened the discussion to questions.

Q. What evolution have you seen in the field of psychology in your lifetime?

By the 1970s, psychoanalysis—which focuses on early childhood experiences and traumas—had passed its peak as the dominant model. This focus had suggested that bad parenting—the "schizophrenogenic mother"—was the source of most mental illnesses.

"When I was in training," he said, "there was a lot of arrogance. You come into my office, pay a big fee, and spend hours and hours talking about yourself. But people learn and grow in all different ways, and you have to respect that."

Medical schools since World War II have divided their departments, and specialties like cardiology and nephrology, into general medicine and surgery. In the same way, psychology became divorced from neurology, which separated the study of the mind from its underlying organ, the brain—like separating ophthalmology

[1] "Consumable" hours are those that a therapist devotes to sitting one-on-one with a patient, while "non-consumable" time would be that invested in writing a self-help book or online service which thousands of patients can access on their own.

from the study of the eye.

But the 1970s were also the beginning of the biological revolution, where mental illness was treated on a biopsychosocial model. "Biology plays a tremendous role in behavior," Dr. Norman said, "as does neurochemistry—leading to remedies in pharmaceuticals—and in physical approaches such as electroconvulsive therapy [ECT] and transcranial magnetic stimulation [TMS]. There are also social implications, like trauma and post-traumatic stress disorder."

Also, we now know that a lot of psychotherapies don't require intensive, one-on-one sessions—for which there are not enough hours in the day or quality control with evidence-based practices. For example, cognitive behavior therapy (CBT) focuses on how a person thinks, feels, and acts. It shows the person that the reaction to a negative situation ("I'm a loser") can be turned into more positive thoughts ("I wasn't prepared" or "You win some, you lose some").

One scalable form of therapy is self-help books like David Burns, MD's *The Feeling Good Handbook*. But many people might buy it and not read it, or read the first chapter and then stop. So using such a tool in the context of a support group or online discussion is more helpful.

Q. How do you know when to get therapy and when to get medication?

You don't have to be in crisis to talk to a therapist—although these days, with insurance paying for the cost of treatment, it is too common for a doctor's referral to be sent automatically to the emergency room, as if it were a 5150 with an involuntary hold.

If you can't "stay in the moment," if anxiety or depression is keeping you from functioning, if you can't regulate your emotions, then you want to talk to a psychotherapist. In the current healthcare system this usually begins with a psychologist or social worker. If you still are suffering, then you will want to meet with a psychiatrist, who can prescribe medications.

Q. How do you find a psychiatrist?

You can get a referral from a friend or a professional like a school counselor. *Psychology Today* offers listings by location and specialty. But it's best to meet the person and trust your gut. Ideally, the psychiatrist will offer a free introductory interview where you can decide if he or she is a good listener, asks questions or makes comments that give you an "aha" moment, or challenges you to know yourself better.

Q. How do you deal with patients exhibiting anosognosia, denying that they are sick?

Denial is a form of self-deception, and it may be based on fear of stigma. So if a patient denies being mentally ill, you can focus on problems that the illness may be causing, like relationships with other people, ability to focus and concentrate, and functioning at school and work.

Q. Can cognitive behavior therapy (CBT) be used effectively with obsessive/compulsive disorder (OCD)?

OCD is a brain disorder but arises from an important human need to pay attention and take care. We are all born prematurely and need a mother's obsessive care to survive in the wild. And, for example, good doctor is obsessed with the care of his patients.

But when the mechanism for caring becomes excessive—checking the stove

repeatedly, washing your hands seventeen times, so that it interrupts your day—then CBT can help you with controlling your thoughts and with breathing exercises.

Q. Tell us more about the GritX program.

NAMI East Bay's Michael Godoy, who helped develop the program, stepped in to explain. GritX gives the user everything they could learn in personal therapy but without the time and cost.

1. **Skills Studio** starts the program with a self-care book that is constantly being updated with evidence-based practices, which are cited in references. It is written at a sixth-grade level and includes illustrations. The skills help the person with emotional regulation, life challenges, and various scenarios. It includes a Body Scan that links to other sections of the program.
2. **Self-Interview** is an interactive dialog reflecting the person's life situation. For example, it may ask the person to select an object and focus on it to become grounded. This part of the program includes free responses and fill-in-the-blank statements.
3. **Self-Care Toolkit** asks the person what things make them feel good on a daily basis.
4. **Journaling** provides prompts that let the person put their feelings into words.
5. **Sketchbook** works like journaling, but for those who are more visually oriented, with drawing aids and stamps.
6. **Catch Your Breath** includes tools for breathing and meditation.
7. **Expedition** takes the best content and skills, based on specific life challenges, and integrates them into a course for the person.
8. **Chat** is an emotionally intelligent bot—in beta version, but it's learning everyday—that engages in a relationship between a good friend and a therapist.

GritX is also available as a downloadable application that includes the website's content and materials for personal use or for use with others.

Q. What is the connection between psychology and autoimmune disorders?

This is an emerging field. We know that antibodies can affect the brain, and that viruses can cause post-acute conditions. There is still much to learn here.

Q. What mental health issues do you expect after the COVID-19 pandemic?

In a normal year, 10% to 12% of people express anxiety complaints. During the pandemic, that rose to 40% generally—and 56% for teens and young adults, who have lost school and social activities. Additionally, "long COVID" creates inflammation and "brain fog" in some patients.

This is different from a single mass disaster, like a flood or earthquake, where after six months 90% of those involved get over it. With COVID—where your best friend can kill you at any time—only 60% of people are returning to normal. One percent of the population has lost a close relative to the disease. Others have experienced trauma and express it as grief. And now the Delta variant is resurfacing those fears.