

REPORT

COVID-19 and Its Impact on Our Mental Health

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COVID-19 is Taking a Massive Toll on the Mental Health of Americans

COVID-19 is taking a toll on the mental health of Americans and rapidly exposing the weaknesses in the way we pay for behavioral health care in this country. Prior to COVID-19, experts estimated that one in every five people suffered from a mental illness, and America's behavioral health system was already overworked and underfunded. Until the passage of the Affordable Care Act, behavioral health care was not considered an essential benefit and often not covered by health insurance policies. Even after being designated an essential benefit, behavioral health care is still frequently paid at lower rates than physical health care.

Meanwhile, behavioral health centers and professionals are struggling with the massive increased need for their services during the COVID-19 pandemic. These centers have overwhelmingly shifted their business models to accommodate telehealth for clients while simultaneously struggling to obtain personal protective equipment (PPE) for in-office visits. Despite these efforts, many Americans are unable to receive the treatment they need during this time.

Social isolation and job loss are directly affecting individuals across the United States and increasing rates of suicide, mental illness, substance abuse, and domestic violence. **Nearly half (45 percent) of adults in the United States reported that their mental health has been negatively impacted due to worry and stress over the virus.**ⁱ Additionally, our doctors, nurses, and other frontline workers are at an increased risk for developing mental illness, including post-traumatic stress syndrome.

Congress must ensure that those with mental illness and substance use disorders are not left behind in this pandemic.

Behavioral Health is Historically Underfunded

Mental health and substance use disorder (SUD) treatment programs have been underfunded for decades, and the COVID-19 pandemic is exposing the weaknesses of our funding system.ⁱⁱ For far too long, this country has treated behavioral health and physical health differently. Until passage of the Affordable Care Act (ACA), insurance plans could outright deny coverage of mental health and SUD treatment services. So while someone's insurance would pay a hospital for a surgery or treatment for diabetes, for example, they often paid nothing to behavioral health providers. The ACA's pre-existing condition protections also saved patients with pre-existing mental health and SUD health issues from medical underwriting or coverage denial.

The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (MHPAEA) required health plans to provide equal coverage of mental illness and addiction in health plans. Mental health parity, the inclusion of behavioral health as one of the ACA's Essential Health Benefits, and the law's pre-existing condition protections were major steps forward, but many longstanding issues remain. While payments to health care providers for physical health mirror the cost of providing treatment, many behavioral health providers rely on a patchwork of inadequate health insurance reimbursements and grant funding.

Behavioral health funding is also often one of the first things to face cuts, even when it is most in need. In response to the economic crisis, between FY 2010 and FY 2013, states cut mental health funding by nearly \$5 billion.ⁱⁱⁱ Medicaid cuts have a devastating effect on people who rely on the program for behavioral health services. Social safety net programs like Medicaid and Medicare are the largest payers of behavioral health care services in the country.^{iv} Although Medicaid and Medicare pay for telehealth services, there are restrictions on where and how therapy is provided in some cases.

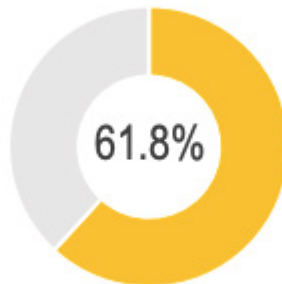
As a result of underfunding in our health care system, emergency rooms and jails end up filling the gap. "Psychiatric boarding" is a practice that occurs when a person with a mental health issue is kept in an emergency room because mental health care in a more appropriate setting is not available.^v In addition, people with mental health conditions are often sent immediately to jail without a proper mental health assessment. By underfunding preventive health measures and threatening Medicaid and Medicare funding, the cost is shifted to the taxpayer through inadequate treatment in emergency rooms and jails.

Challenges Facing Behavioral Health Centers

A survey conducted in April 2020 of 880 behavioral health facilities found that **nearly two out of three centers believe that they can survive financially for only three months or less under current conditions.**^{vi} COVID-19 has disrupted many services provided by community behavioral health systems in the United States. Over 90 percent of community behavioral health organizations nationwide have been forced to reduce their operations.^{vii} This reduction in service means around a third of patients have been turned away.^{viii}

Behavioral health organizations estimate that they will need at least \$38.5 billion to survive this crisis.^{ix} So far, only \$425 million in emergency funding has been appropriated specifically for behavioral health care – less than one percent of projected need.^x Sufficiently funding behavioral health programs will help build a resilient infrastructure that is prepared to respond to mental health crises now and meet future challenges.

Percentage of Behavioral Health Centers That Have Closed at Least One Program Due to COVID-19



Source: The National Council for Behavioral Health

Telemedicine

While increased flexibilities at the state and federal level have allowed clinics to be paid for more telehealth services during the pandemic, this shift has also required time and resources to train staff and install new telehealth systems.

Even with expanded access to telehealth, clinics and patients still face an uphill battle to give and receive services. Telehealth may not be an option for everyone, particularly those without access to broadband or reliable internet. More than a third of U.S. households headed by a person 65 years or older do not have a computer and more than half do not own a smartphone.^{xi} Families with low incomes also have less access to computers in their homes. Rural communities are also at a disadvantage when trying to access online services and have reduced access to broadband.

Personal Protective Equipment

Behavioral health centers across the country are scrambling to procure personal protective equipment (PPE) to protect their staff and patients. A recent survey of behavioral health clinics reveals that nearly 83 percent do not have enough PPE for two months of operations.^{xii} PPE is not only essential in stopping the spread of COVID-19 but also in reducing anxiety and stress among health care workers.

The Mental Health Costs of COVID-19

COVID-19 is expected to significantly increase the need for behavioral health care across the country. Studies have shown that pandemics lead to psychological after-effects that must be addressed.^{xiii} The demand for behavioral health services is expected to increase further under mass unemployment, social isolation, and the stress of a dual public health and economic crisis.

- A federal emergency hotline for people in emotional distress registered a more than 1,000 percent increase in activity in April 2020 compared with the same time last year. In April, about 20,000 people texted the hotline, run by the Substance Abuse and Mental Health Services Administration.^{xiv}
- Online therapy company Talkspace reported a 65 percent jump in clients since mid-February.^{xv}
- A study of the Great Recession that began in late 2007 found that for every percentage point increase in the unemployment rate, there was about a 1.6 percent increase in the suicide rate.^{xvi}

“If we don’t do something about it now, people are going to be suffering from these mental health impacts for years to come.” – Paul Gionfriddo, President of Mental Health America

REMEMBERING LORNA BREEN



Source: New York Times

Lorna Breen, a top New York emergency room doctor, was on the front lines battling COVID-19. She took her life on April 26. She had no history of mental illness.

Frontline Workers

The COVID-19 pandemic is putting enormous strain on our frontline workers. Stories from nurses, doctors, and hospital workers across the country paint a harrowing picture of their daily fight to keep people across the country alive. Experts believe that health care workers are at an extremely high risk of developing a behavioral health condition or having a pre-existing behavioral health condition worsen under the strain.^{xvii} For example, physicians are at risk of experiencing burnout and related behavioral health issues, including depression, substance use, and suicide.^{xviii} COVID-19 has compounded this stress in hospitals and health care facilities throughout the country.

Unemployment

The unemployment rate was close to a 50-year low before the pandemic hit the United States. In April alone, 20.5 million Americans lost their job. The unemployment rate sits at 14.7 percent, the worst since the Great Depression.^{xx} During the worst month of the Great Recession of 2008, the U.S. lost around 800,000 jobs.^{xxi} Job loss is associated with increased depression, anxiety, distress, and low self-esteem and may lead to higher rates of SUD and suicide.^{xxii} Job loss often causes financial stress, which can lead to poorer mental health. Due to existing systematic and structural inequities, people of color are at particular high risk. These communities are experiencing a higher rate of unemployment than the national average and already reported worse behavioral health outcomes before the pandemic.

Suicide

The National Center for Health Statistics recently reported that the suicide rate across the U.S. increased 35 percent between 1999 and 2018.^{xxiii} Experts worry that social isolation, a poor economy

and high unemployment caused by COVID-19 could make matters worse.^{xxiv} The problem is likely to become more prevalent as the pandemic continues. Unfortunately, it appears that health care workers are already turning toward suicide.

Physical Distancing

In order to stop the spread of COVID-19, communities across the world are practicing physical distancing. However, distancing and isolation can have negative effects, especially for seniors. Research has linked social isolation and loneliness to higher risks for a variety of physical and mental conditions, including high blood pressure, heart disease, obesity, a weakened immune system, Alzheimer's disease, anxiety, and depression.^{xxv} Seniors, in particular, are at risk of becoming seriously ill from COVID-19. Yet the same social distancing that can keep them safe can increase their risk for mental health issues.

Substance Use Disorders and COVID-19

The SUD crisis in the U.S. has not paused during quarantine. We know that people who misuse opioids are at high risk for contracting COVID-19.^{xxvi} According to the National Institute on Drug Abuse and other health experts, opioids impact the respiratory and pulmonary health of users and make them more susceptible to respiratory infections.^{xxvii} People with mental illness and SUD are very likely to have other chronic health conditions, including some that can increase their risk of severe complications from the coronavirus. The homeless population is particularly vulnerable during the pandemic. People who are experiencing homelessness and those who struggle with SUD and other behavioral health issues are also less able to social distance and take sanitary precautions, including frequent hand washing.

Children's Mental Health

Although the risk of severe illness from COVID-19 appears to be lower in children, the social and mental consequences of an extended quarantine cannot be ignored. A recent report from the United Nations found the pandemic causing major disruptions in all aspects of children's lives, which can worsen mental health.^{xxviii}

Children are also at a considerably higher risk to become the victims of abuse. As schools remain closed and families are sheltering in place, children have less contact with mandatory reporters and community-based services and programs that could identify warning signs of abuse. Families are experiencing greater stress from the economic uncertainty associated with the pandemic, and past research from the Great Recession has linked similar economic uncertainty and high unemployment rates to

increased risk of child abuse.^{xxix} The National Sexual Assault Hotline reported a 22 percent increase in monthly calls from people younger than 18 during March, and half of all incoming contacts were from minors. That's a first in the hotline's history.^{xxx} Of those children, 67 percent identified their perpetrator as a family member, and 79 percent said they were currently living with that perpetrator.

Congress Needs to Act Now to Support Behavioral Health

The COVID-19 crisis highlights the urgent need to fund community mental health and SUD services. Nearly half of Americans are experiencing adverse mental health effects due to the pandemic,^{xxxi} yet many community facilities have been forced to reduce services or close. Although funding was allocated to front-line health care providers in the *Coronavirus Aid, Relief, and Economic Security (CARES) Act* and *Paycheck Protection Program and Health Care Enhancement Act*, behavioral health providers have been largely left behind in the initial allocations of the fund.

Democrats are committed to addressing these challenges:

- **Robust funding to ensure behavioral health centers and other mental health providers can serve patients.** Any additional COVID-19 assistance packages must include the funding and resources community behavioral health centers need to serve their patients, both new and existing. The scale of the COVID-19 pandemic demands additional emergency funding to meet the significant behavioral health needs of our communities.
- **Behavioral health organizations must receive strong support from existing funds through the Public Health and Social Services Emergency Fund (PHSSEF).** PHSSEF has been directed to health providers based on Medicare enrollment and net patient revenue payments that favor providers with a larger commercial or private payer mix. Because many behavioral health treatment providers serve a large number of Medicaid beneficiaries or people without insurance, they have received little or no funding.
- **Telehealth parity for behavioral health services.** Telehealth services are providing a lifeline for behavioral health clinicians and their patients. To ensure access to needed behavioral health care during the pandemic, telehealth services, including audio-only services where appropriate, should be paid at the same rate as face-to-face visits.

- **Personal Protective Equipment.** Community behavioral health clinics need personal protective equipment including gloves and masks to keep their health care providers and patients safe and prevent further spread of COVID-19 in their communities.
- **Fully Fund Certified Community Behavioral Health Clinics.** Certified Community Behavioral Health Clinics (CCBHCs) – which integrate physical health, mental health and SUD treatment; provide 24/7 crisis care; work with law enforcement and schools; and coordinate with hospitals to reduce emergency room visits – are already stepping up in communities where they exist. With additional federal support, they can help meet the tremendous increased need. Congress should fund the nine additional states that have previously applied for the CCBHC Demonstration Program. Congress should also provide additional funding for community clinics around the country that are seeking start-up funding.
- **Additional funding for behavioral health research.** We must fund behavioral health research – in addition to biomedical and clinical research on COVID-19 – in order to understand the full scope of the pandemic. The next coronavirus response bill must include additional funding for the National Institute of Mental Health and the National Institute on Drug Abuse to support ongoing research into the COVID-19 pandemic's effects on behavioral health.

Endnotes

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