

Press Release

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SAFE Glen Cove Coalition: Policy Responses and Considerations for COVID-19's Effect on Substance Use Disorders and Mental Health

Recent research conducted by the Kaiser Family Foundation (KFF) provides an in depth look at how COVID-19 has negatively affected many people's mental health and created new barriers for people already suffering from mental illness and substance use disorders.

Throughout the pandemic, leading public health organizations including the Center for Disease Control (CDC), Administration (SAMHSA), the World Health Organization (WHO), and the United Nations, have released general considerations and resources addressing the mental health and well-being of both general populations and specific, high-risk groups during the pandemic. In the U.S., some steps have been taken at both the federal and state levels to address the pandemic's impact on mental health, but with mental health problems on the rise, key issues are likely to persist.

Congress has addressed some of the acute need for mental health and substance use services through two stimulus bills enacted during the pandemic. The Consolidated Appropriations Act, which was signed into law in December 2020, includes about \$4.25 billion in funding for mental health and substance use services. It also builds on existing legislative efforts to boost insurer compliance with federal mental health parity rules. The Coronavirus Aid, Relief, and Economic Security Act (CARES Act), a stimulus bill passed in March 2020, also allocated funding for mental health and substance use services, including a \$425 million appropriation for use by SAMHSA, in addition to several provisions aimed at expanding coverage for, and availability of, telehealth and other remote care for those covered by Medicare, private insurance, and other federally-funded programs. It also allowed for the Department of Veterans Affairs to arrange expansion of mental health services to isolated veterans via telehealth or other remote care services.

Other efforts to address mental health needs include substantial increases in the use of telehealth for mental health services, aided early on by the federal government and many states expanding coverage and relaxing regulations for telehealth services. Looking ahead, the Biden administration and Congress could take additional steps to address mental health and substance use issues, including administrative actions addressing suicide among LGBTQ youth, mental health parity, the opioid crisis, veteran mental health services, and school-based mental health services.

Given the pandemic's implications for both people with new or pre-pandemic mental health conditions, the crisis spotlights new and existing barriers to accessing mental health and substance use disorder services. Among adults reporting symptoms of anxiety and/or depressive disorder, more than 20% report needing but not receiving counseling or therapy in the past month during the pandemic. Limited access to mental health care and substance use treatment is in part due to a current shortage of mental health professionals, which has been exacerbated by the pandemic. The pre-pandemic shortage of psychiatric hospital beds has also worsened with the surge of COVID-19 patients needing beds at hospitals across the nation.

Access to mental health and substance use care was a concern prior to the pandemic. In 2018, among the 6.5 million nonelderly adults experiencing serious psychological distress, 44% reported seeing a mental health professional in the past year. Compared to adults without serious psychological distress, adults with serious psychological distress were more likely to be uninsured (20% vs 13%) and be unable to afford mental health care or counseling (21% vs 3%).⁹ For people with insurance coverage, an increasingly common barrier to accessing mental health care is a lack of in-network options for mental health and substance use care.

Those who are uninsured already face paying full price for these and other health services. As unemployment continues to affect millions of people, who in turn may lose job-based coverage, some may regain coverage through options such as Medicaid, COBRA, or the ACA Marketplace, but others may remain uninsured. With an unprecedented share of people reporting symptoms of anxiety or depressive disorder, the potential outcome of *California v. Texas* (a case challenging the constitutionality of the entire ACA) is important to consider. Prior to the ACA, people with a preexisting condition like depression might have been denied health coverage or charged higher premiums, and many individual market plans did not cover any mental health or substance use services.

The pandemic has both short- and long-term implications for mental health and substance use, particularly for groups at risk of new or exacerbated mental health disorders and those facing barriers to accessing care. Phased COVID-19 vaccinations are taking place across the country, perhaps signaling that the end of the pandemic is on the horizon. However, many of the stressful conditions employed to mitigate the spread of the coronavirus are likely to persist for the near future, given the slow and troubled rollout of vaccinations across the country, instances of people refusing the vaccine due to fear or uncertainty, and the need for vaccinated people to continue taking existing precautions to mitigate the outbreak.

As policymakers continue to discuss further actions to alleviate the burdens of the COVID-19 pandemic, it will be important to consider how the increased need for mental health and substance use services will likely persist long term, even if new cases and deaths due to COVID-19 subside.

To learn more about the SAFE Glen Cove Coalition please follow us on www.facebook.com/safeglencovecoalition or visit SAFE's website to learn more about the COVID-19 Epidemic and its correlation to increased mental illness, alcohol and substance use at www.safeglencove.org.