

Mental Health and Substance Use Disorders in the Era of COVID-19: The Disproportionate Impact on Communities of Color

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The “Dual Pandemics” of Racism and COVID-19 are a Significant Source of Stress

- While a large share of Americans are experiencing symptoms of psychological distress, people of color are experiencing heightened distress during this period of racial unrest and pandemic spread
- We are now witnessing a **syndemic**, in which the COVID-19 is fueled by and exacerbating pre-existing social and economic inequality and racism
- Pre-existing chronic conditions that increase risk for poor COVID-19 outcomes are driven largely by social, economic, and environmental factors that are themselves shaped by structural, institutional, and interpersonal racism

Racism a Significant Source of Stress (APA Stress in America Survey, 2020)

- Two in 3 Black adults (67%) cite discrimination as a significant source of stress in their lives, compared to 55% of Black adults who cited this in May-June.
- More than 2 in 5 U.S. adults (45%) say being their race is difficult in today's society and a substantial minority (39%) agree being their gender is difficult in today's society. More than 3 in 4 Black adults (78%) agree being their race is difficult in today's society.
- Three in 5 U.S. adults (60%) say police violence towards minorities is a significant source of stress in their life. Fewer than 2 in 5 (36%) said the same when APA first started tracking this data point during the 2016 Annual Stress in America Survey.
- Black adults are the most likely to report this (79% vs. 44% Native American, 55% white, 61% Asian, and 72% Hispanic).

COVID-19 Exposes Inequities:

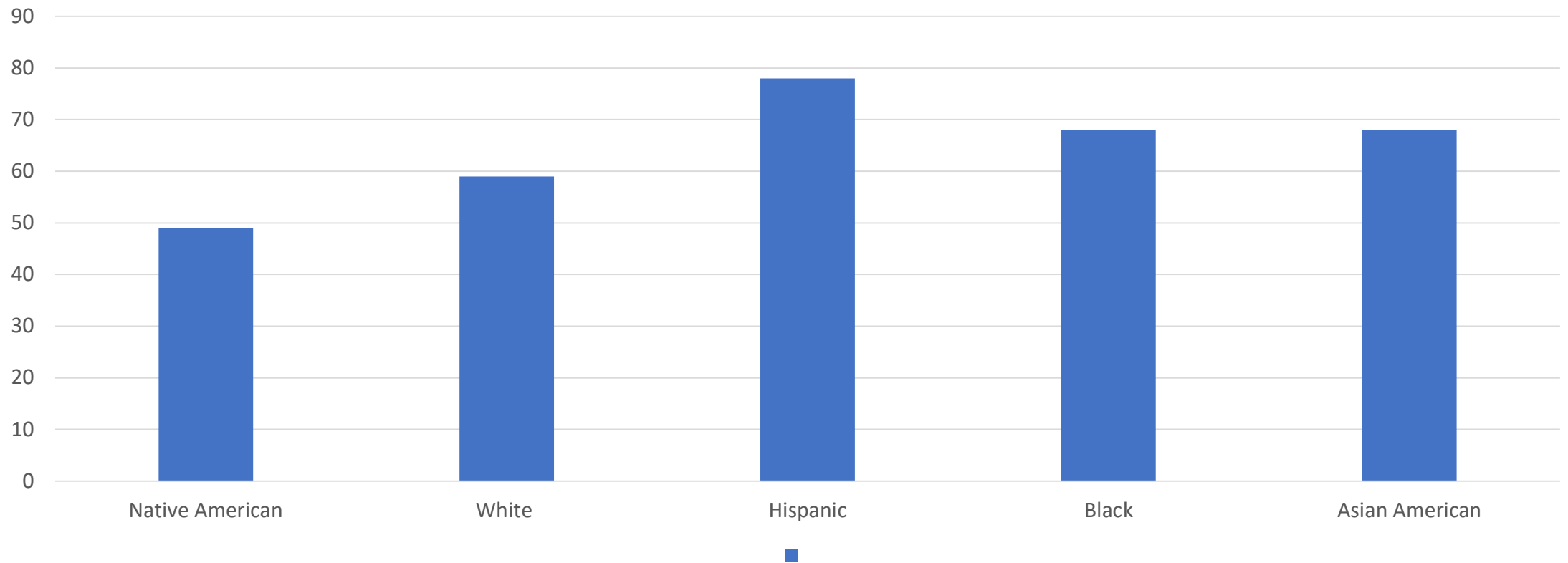
- Older adults in marginalized groups are most likely to lack resources during the crisis and to need healthcare and community services.
- Aging services also are saddled by the racial inequality that marks America's COVID-19 crisis, as this sector disproportionately employs and serves people of color.
- Direct care workers, for instance, are a predominant segment of the aging services workforce that provides daily support to older people and individuals with disabilities across settings—placing them on the front lines of the pandemic.
- These low-wage workers—who primarily are women, people of color and immigrants—often lack paid leave and do not earn enough to weather even a modest disruption in pay.

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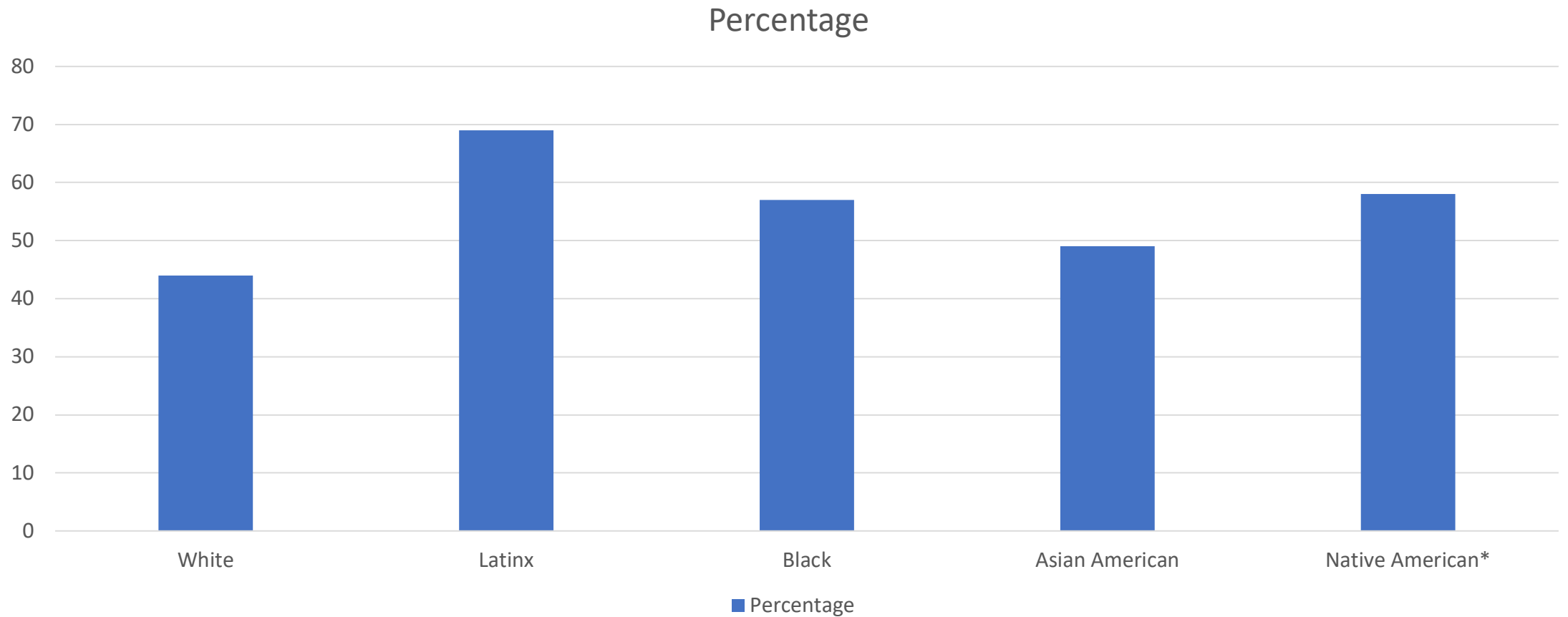
- People with disabilities may not be able to physically distance from others or take other protective measures
- Similarly, people with low incomes may not be able to physically isolate, increasing risks compounded by challenges such as safe, stable housing, access to healthy food, or resources to withstand economic downturns
- Immigrants face unique challenges that may increase their risks and chances of poor outcomes if infected. Legal immigrants may fear accessing public health or social services in light of the new “public charge” rule, and those without documentation may fear detention or deportation
- Institutionalized populations—including people who are incarcerated and migrant families in detention centers—face heightened risks

Percentage of U.S. Adults Reporting Fear of Contracting Virus is a Significant Source of Stress

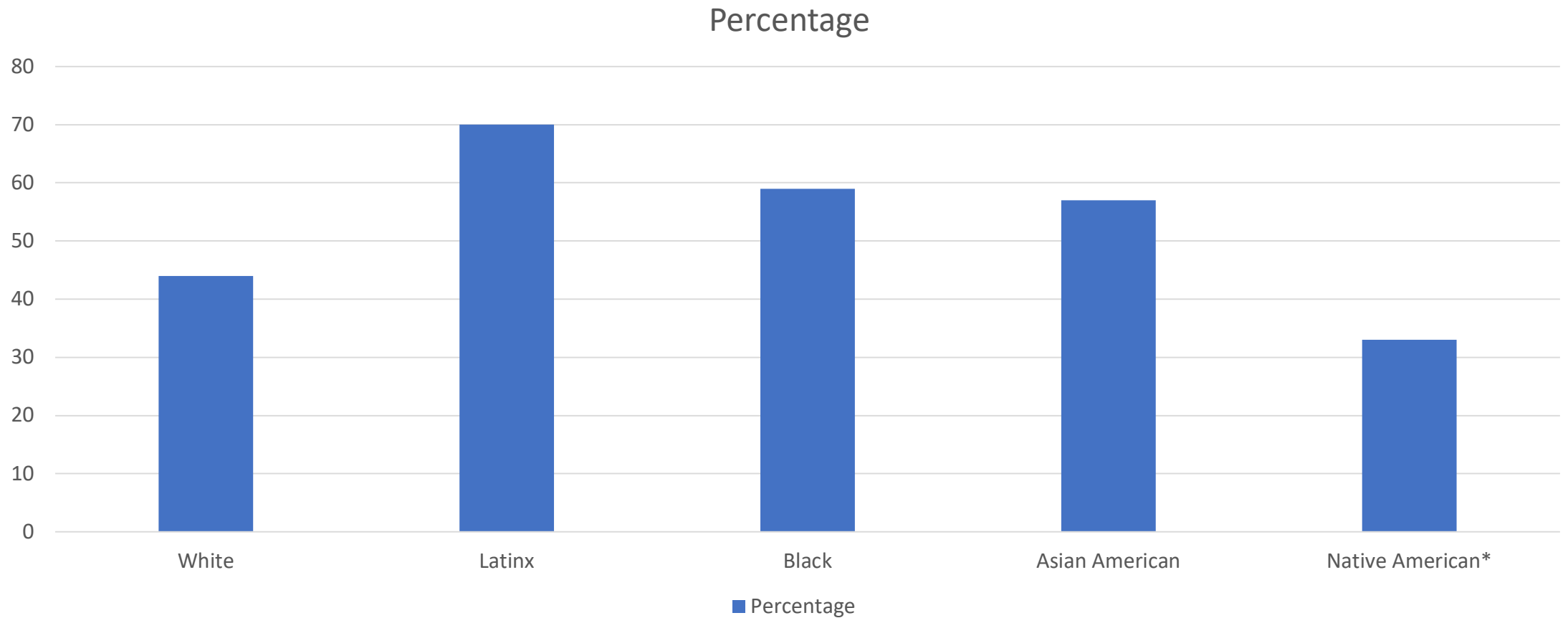
(APA Stress in America Survey, 2020)



Percentage of U.S. Adults Reporting Meeting Basic Needs (e.g., food, housing) is a Significant Source of Stress (APA Stress in America Survey, 2020)

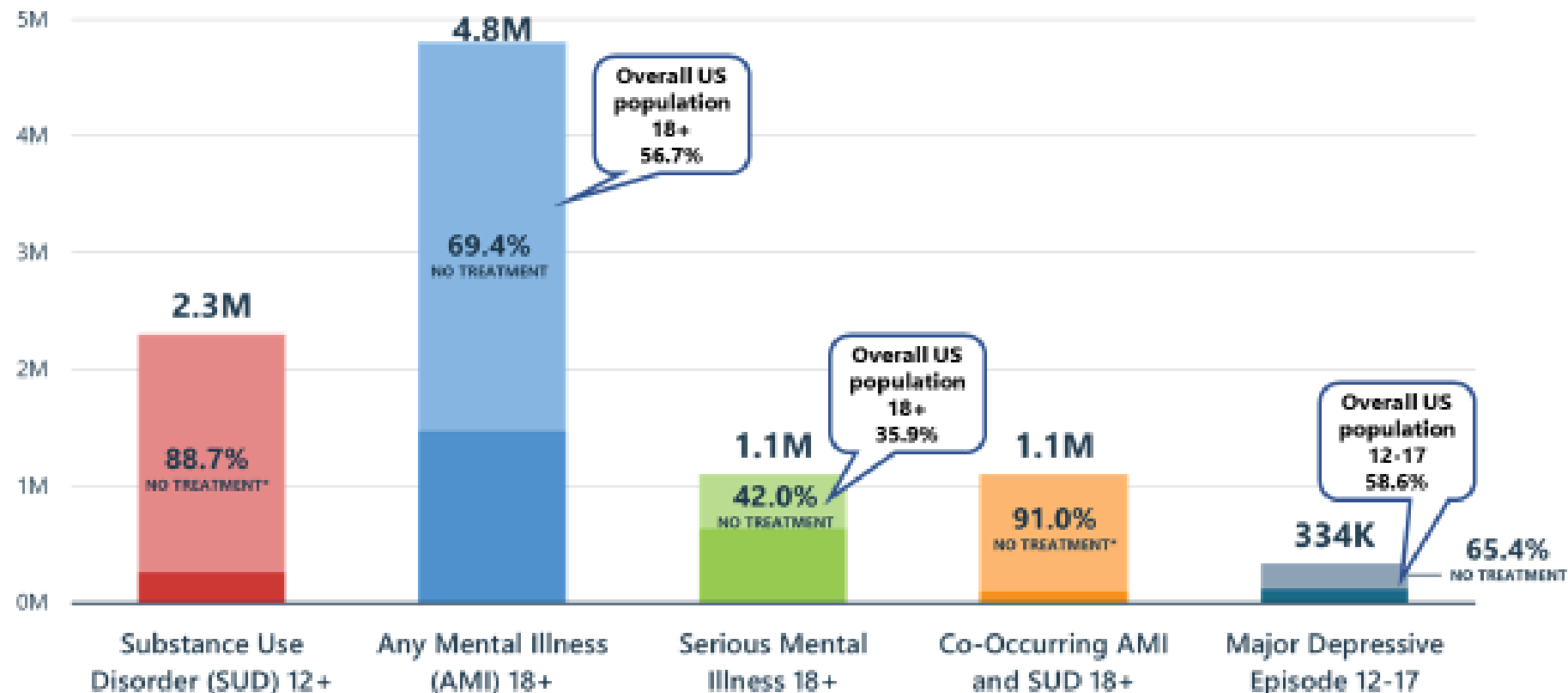


Percentage of U.S. Adults Reporting Accessing Health Care is a Significant Source of Stress (APA Stress in America Survey, 2020)



Despite Consequences and Disease Burden, Treatment Gaps among African Americans Remain Vast

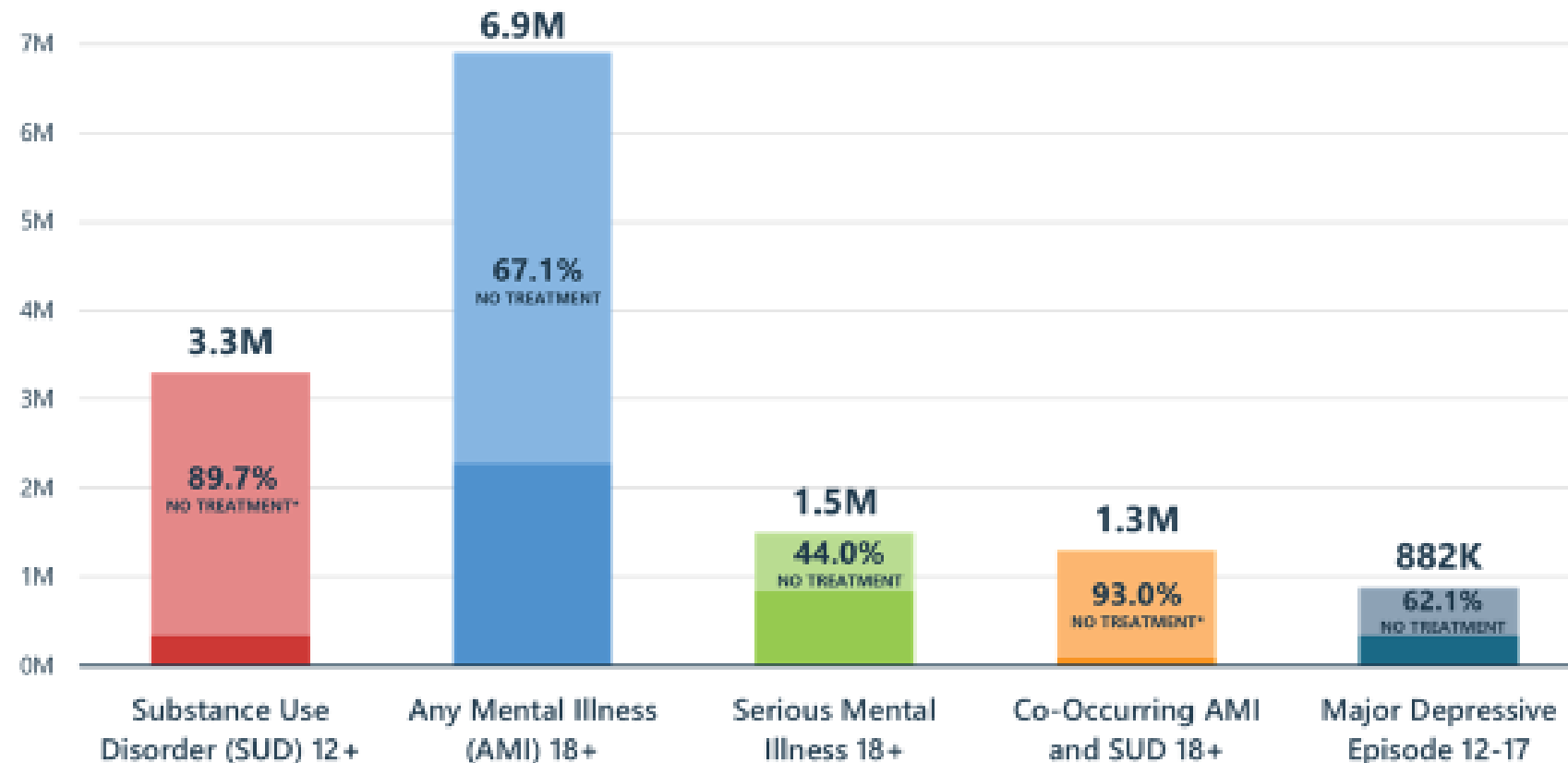
PAST YEAR, 2018 NSDUH, African American 12+



* No Treatment for SUD is defined as not receiving treatment at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

Despite Consequences and Disease Burden, Treatment Gaps among Hispanics Remain Vast

PAST YEAR, 2018 NSDUH, Hispanic 12+



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Policy Strategies to Combat COVID's Disproportionate Impacts (SAMHSA, 2020)

- **Data Disaggregation.** Data related to COVID-19, including testing, hospitalizations, ICU admissions, and fatalities, disaggregated by race and ethnicity at the local and national level will help target resources. State case rates are reported to CDC by jurisdictions and through the National Notifiable Diseases Surveillance System (NNDSS), and deaths are posted weekly by race/ethnicity on the CDC National Vital Statistics System, enabling behavioral health providers to understand COVID-19 prevalence in their state by race and ethnicity.
- **Flexibility in Treatment Policies and Payments.** SAMHSA recently released a guide for opioid treatment programs, enabling them to dispense take-home methadone during the COVID-19 pandemic. SAMHSA is temporarily allowing remote initiation of buprenorphine. This flexibility provides protection for Black and Latinos needing treatment for opioid-use disorders.
- **Navigators for Federal Stimulus Opportunities.** The CARES Act provides economic stimulus for small businesses and individuals. The National Network to Eliminate Disparities in Behavioral Health (the NNED) disseminated guidance to its network of 1,200 community-based provider organizations serving racial/ethnic minority populations to apply for the Small Business Administration's Paycheck Protection Program and the IRS's Employment Impact Payments.
- **Expanded and Flexible Coverage for Telehealth.** CMS issued guidance for payments for telehealth visits; insurance companies are at least temporarily enhancing coverage for telephone and video health visits. While the digital divide may reveal less stable internet services in Black and Latino households, smartphones allow for video visits with health and behavioral health providers that meet temporarily-relaxed HIPAA compliance.

Community-Based Strategies to Combat COVID's Disproportionate Impacts (SAMHSA, 2020)

- ***Faith-based Leaders and Technology.*** Faith leaders and places of worship play a key role in providing support, information, and spiritual leadership among Black and Latino communities. They are trusted messengers and influencers who often have a history of addressing health and mental health promotion. Places of worship are increasingly leveraging technology through radio broadcasts, Zoom sermons, Facebook Live, and podcasts.
- ***Community-Based Organizations (CBOs).*** Ethnic and racial-specific community-based organizations have established track-records in the community and are often multi-service providers that integrate health, behavioral health, and social services. They are well-positioned to convey COVID-19 information. They often have diverse partnerships and collaborations with schools, higher education, local businesses, law enforcement, jails, and hospitals. Some CBOs host local town hall sessions. The NNED has a locator to find CBOs serving Black and Latino communities.
- ***Identify Community-Accepted First Responders.*** Due to fears of having children taken out of the home, arrests, or deportations, in some Black and Latino communities, first responders are not necessarily police or emergency medical personnel. Rather, they are extended family members, pastors, neighbors, and other community leaders. It's important to identify these community-determined first responders for disseminating critical information about COVID-19.

Healthcare Workforce Strategies to Combat COVID's Disproportionate Impacts (SAMHSA, 2020)

- ***Virtual and Telehealth Opportunities.*** Outpatient clinics, CBOs, and urgent care centers have ramped up the use of telephone and video visits, and insurance companies are expanding coverage for these visits. These changes have eliminated transportation barriers to accessing care. However, many Black and Latino communities may not have regular access to internet, making it harder to participate in telehealth.
- ***Augment the Workforce.*** It is important for healthcare professionals to understand cultural differences in how patients interact with providers and the healthcare system. Given workforce demands, there is opportunity to tap previously unused health care talent. Fast-tracking immigrant, refugee, and bilingual health care professionals who have until now been closed out of the health professions would create a pool of over 200,000 potential health care workers in the U.S.
- ***Peer Navigators, Coaches, and Recovery Supports Services.*** Peer navigators and coaches, similar to Community Health Workers or *promotoras de salud*, are critical for outreach, engagement, and linking Blacks and Latinos with mental and substance-use disorders to treatment. These peers know the community, are familiar with resources, and are able to communicate effectively with their clients. While peer contacts are usually in person, they can be virtual during the pandemic.



Why #EquityFlattensTheCurve

- Coronavirus-related health risks, burdens, experiences and outcomes aren't the same for everyone
- To flatten the curve we must tackle the bias, stigma, and discrimination at the root of these inequities and ensure that all strategies and solutions are delivered equitably

GOALS of #EquityFlattensTheCurve:

- Connect the voices of health equity, public health, psychology to educate policymakers and leaders regarding equity-enhancing practices and policies
- Reduce bias, stigma, and discrimination related to the COVID-19 pandemic (e.g., bias in access to testing)
- Promote social cohesion, inclusion, and equity as necessary to help mitigate the virus' spread (in both messaging and interventions)
- Promote policies and practices that reduce inequity and address public health needs of diverse populations over short- and long-term (e.g., data collection, expand safety net)

Thank You!

