



Access to Care and Treatment Utilization for MHSUD During COVID- 19: The Disproportionate Impact on Youth and Families of Color

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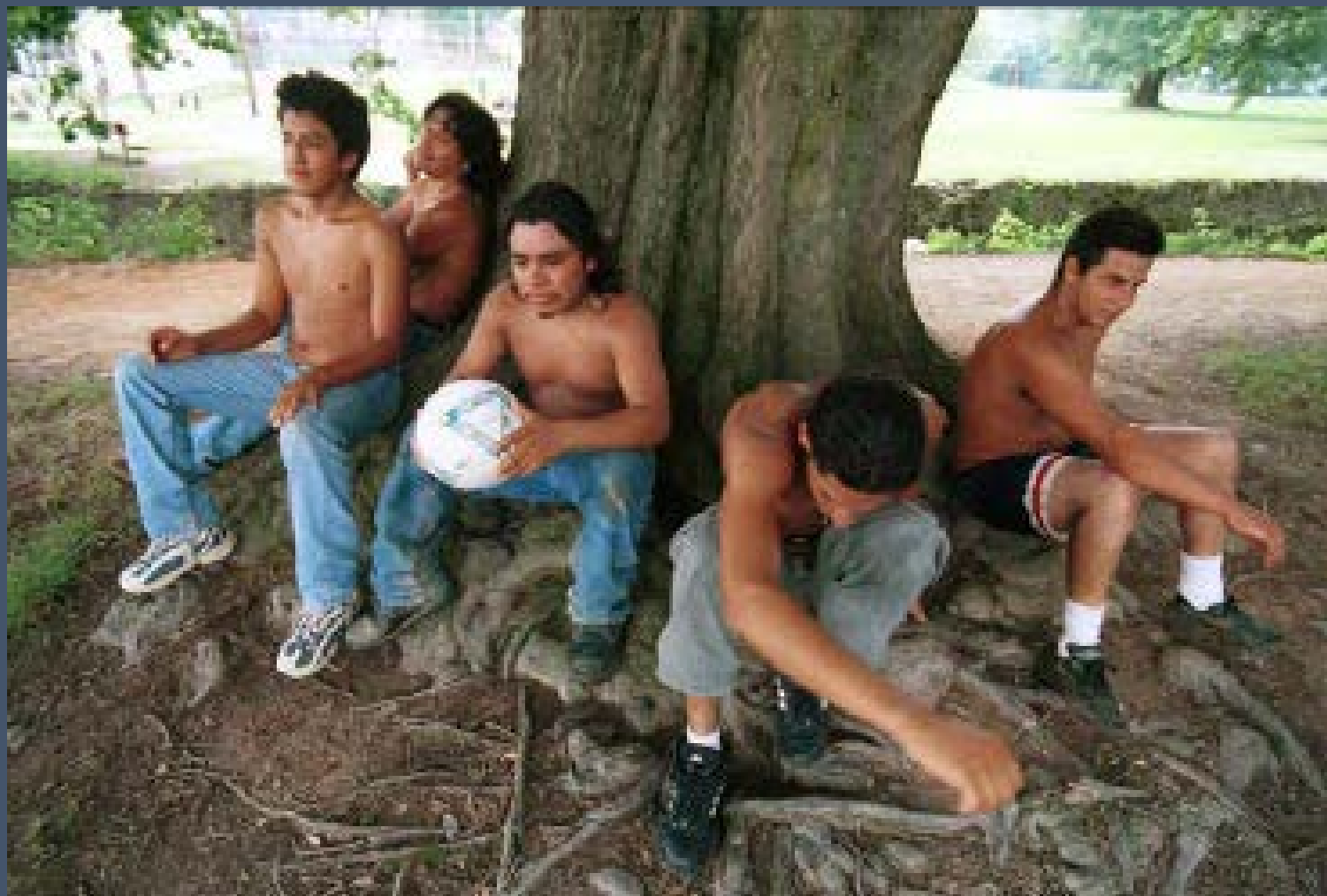
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Workshop 2

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No Conflicts to Disclose



#1 Let us focus our attention on ensuring access to behavioral health services for youth and emerging adults of color.

Children & COVID-19 Mental Health

Low-income parents facing economic instability and hardships due to COVID-19 can contribute to the development of PTSD & hinder child development (Fortuna et al 2020).

Loss of positive community connections & supports received in schools due to social isolation can be especially difficult for these children.



Impact of COVID-19 on Families of color

- COVID-19 has been financially devastating on Latinx Families and other families of color.
 - 42% of Latino families indicated: have gone through their family's savings to pay for basic living needs (Kaiser Family Foundation survey).
- COVID-19 pandemic compounded with anti-immigration legislation has created environment with heightened sense of fear, uncertainty and great threat that is taking a toll on mental health
- COVID related fear and associated anxiety and depression symptoms were higher for Latinos and Asians and immigrants living with small children (Fitzpatrick et al. 2020).

Ethnic/Racial Minority Children's Mental Health & COVID-19

Increase in worse mental health outcomes, increase in substance use, and elevated suicidal ideation among children (CDC, 2020), given the exposure to food insecurity, family conflict, severe poverty.

Limits in behavioral health resources and prolonged home confinement may increase need for mental health services.





Children Mental Health –Access

- Emergency department as first point of care access for children's mental health emergencies:
 - Compared to 2019, proportion of mental health-related visits for children has **increased** by 24% for children aged 5-11 and 31% for children aged 12-17 in 2020 (Leeb et al 2020)
- Pre-COVID-19, Black children had the highest visit rates among all children, with rates among Latino children experiencing a larger increase than White children (Abrams et al., 2020)
- Critical to expand access to mental health services for children – especially among minority communities

Anxiety and Depression during COVID-19

- Data from the CDC Household Pulse Survey found that **emerging adults (18-29) are reporting highest rates of depression and anxiety symptoms** during COVID-19 pandemic that are steadily on the rise:
 - 18-29 years old:
 - April 23-May 5: **46.8%**
 - July 2- July 7: **50.4%**
 - Oct 28- Nov 9: **58.7%**
- **Across all age groups and time periods, Black and Latinx groups reported higher rates of symptoms of anxiety disorder or depressive disorder than their White counterparts**
- **High need, yet barriers faced by this age group in seeking and obtaining treatment, only magnified for racial/ethnic minority emerging adults** (NeMoyer et al 2020)

Public Health Insurance: Medicaid Utilization

- Disproportionate reliance on Medicaid for Black children: Comprise 14% of child population in U.S. but represent 20.8 percent of children with Medicaid (Brooks & Gardner 2020)
 - Many minority children rely on the services provided through Medicaid
- However, during COVID-19 low Medicaid reimbursement rates create difficulty for safety net providers to operate. Some behavioral health providers have seen 50% loss of monthly revenues
- Among Medicaid and CHIP beneficiaries ages 18 and under during from March- May 2020, there were 44% fewer outpatient mental health services (even after accounting for increased telehealth services) than from the same period in 2019 (CMS, 2020)

#2 Prevention
and Community
Engagement is
going to be Key



Child Poverty

Before COVID-19, the child poverty rate was 17% , the lowest it had been since 2001

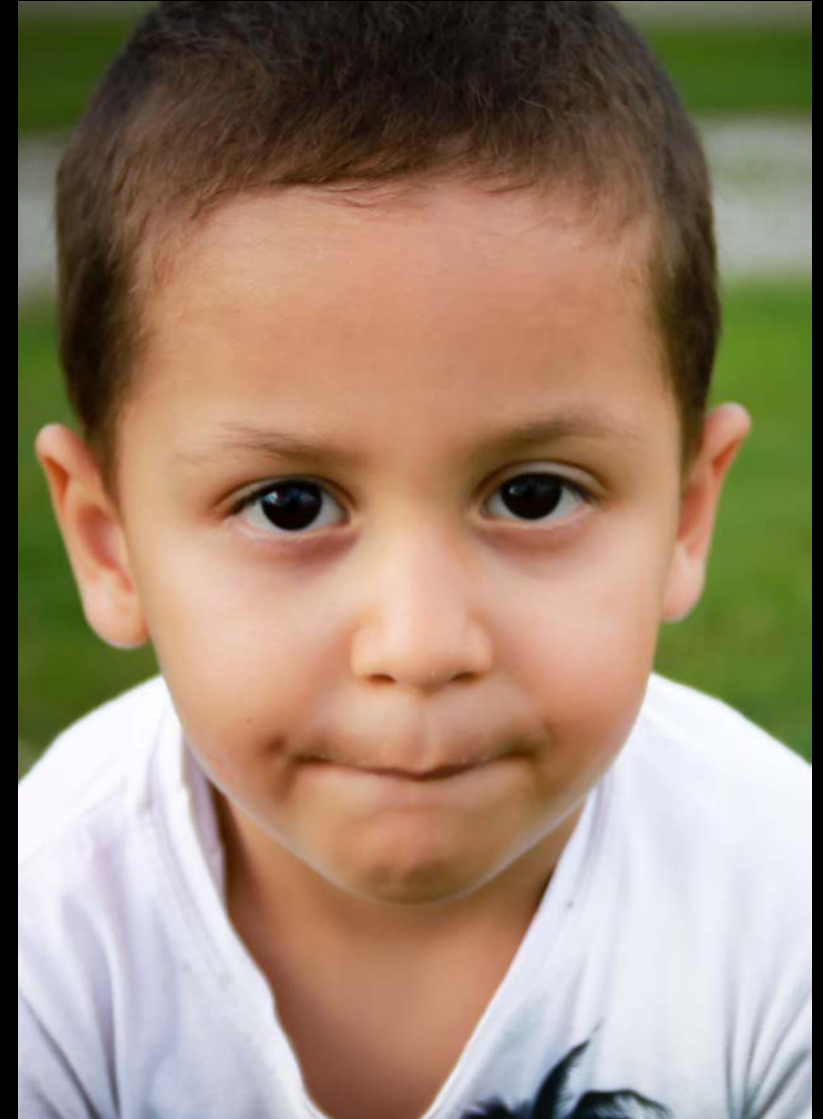
Disproportionately affecting households of color. Lived in poverty in 2019:

- 31% of Black children

- 30% of American Indian children

- 23% of Hispanic or Latino children

- 17% of children of two or more races



COVID-19 & Child Poverty

- COVID-19 has negatively impacted child poverty due to high levels of unemployment among households with children (Parolin 2020)
- Relief such as the CARES Act, (providing stimulus checks) temporarily reduced poverty levels but these levels have since increased
- From Feb to Sept 2020, the monthly poverty rate increased from 15% to 16.7% even after taking the CARES Act's income into consideration
 - Rates were the highest among Black and Hispanic children
- There is great need to expand income support for families with children

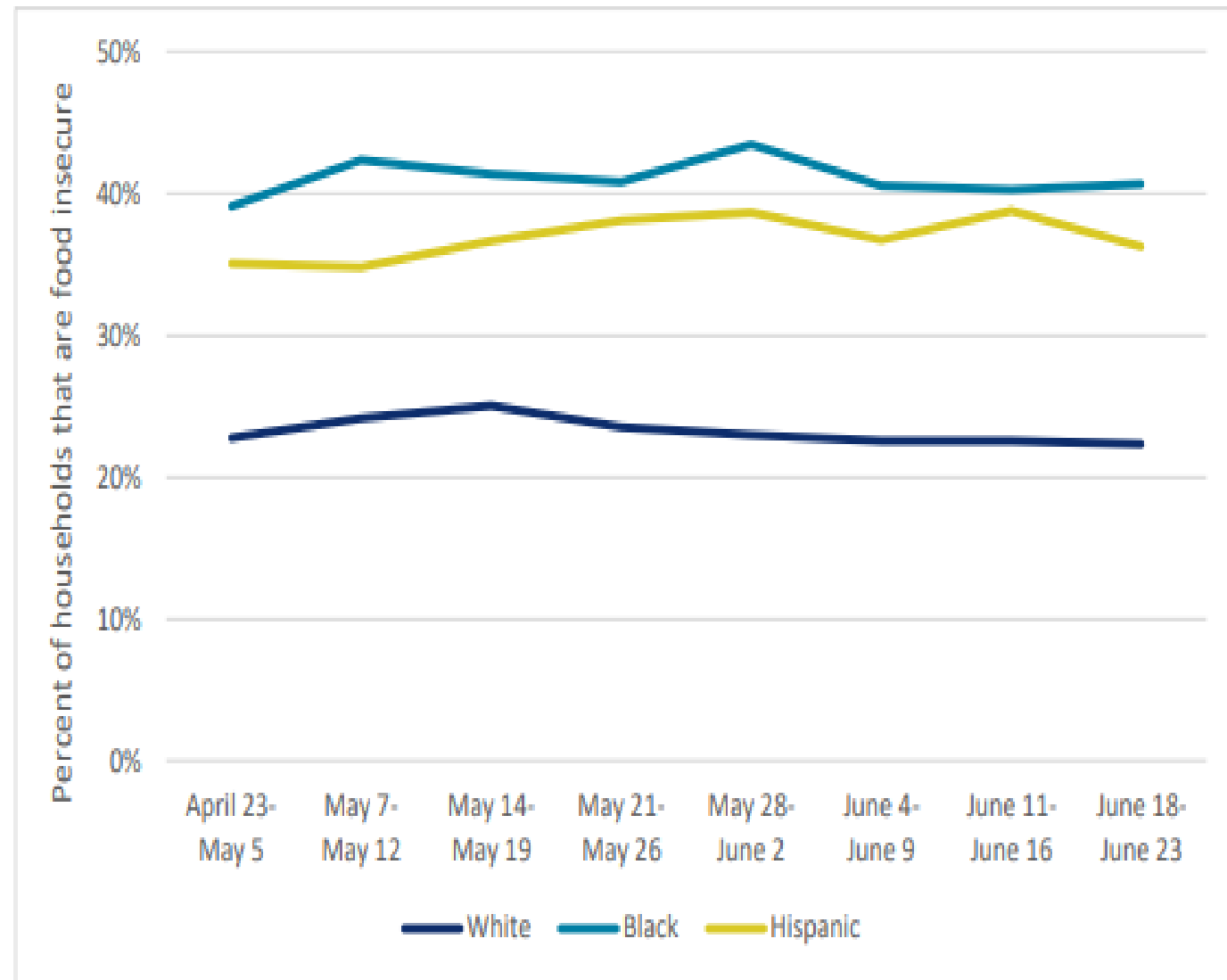
Food insecurity for youth of Color during COVID-19

- Low-income families hit hardest due to suspension of school-provided meals & high rates of unemployment.
- Federal Pandemic EBT reauthorized to operate during 2020-21 school year, but official guidance to implement plans at state level not given until Nov 16th (Bauer 2020)
- Delay worsened food insecurity for low-income families relying on public assistance



Food Insecurity Among Households with Children: April - June 2020

Figure 1: Food Insecurity in Households with Children During COVID-19, by Race/Ethnicity



Violence, Cognition, and Neighborhood Inequality in America

Sharkey & Sampson (2015)

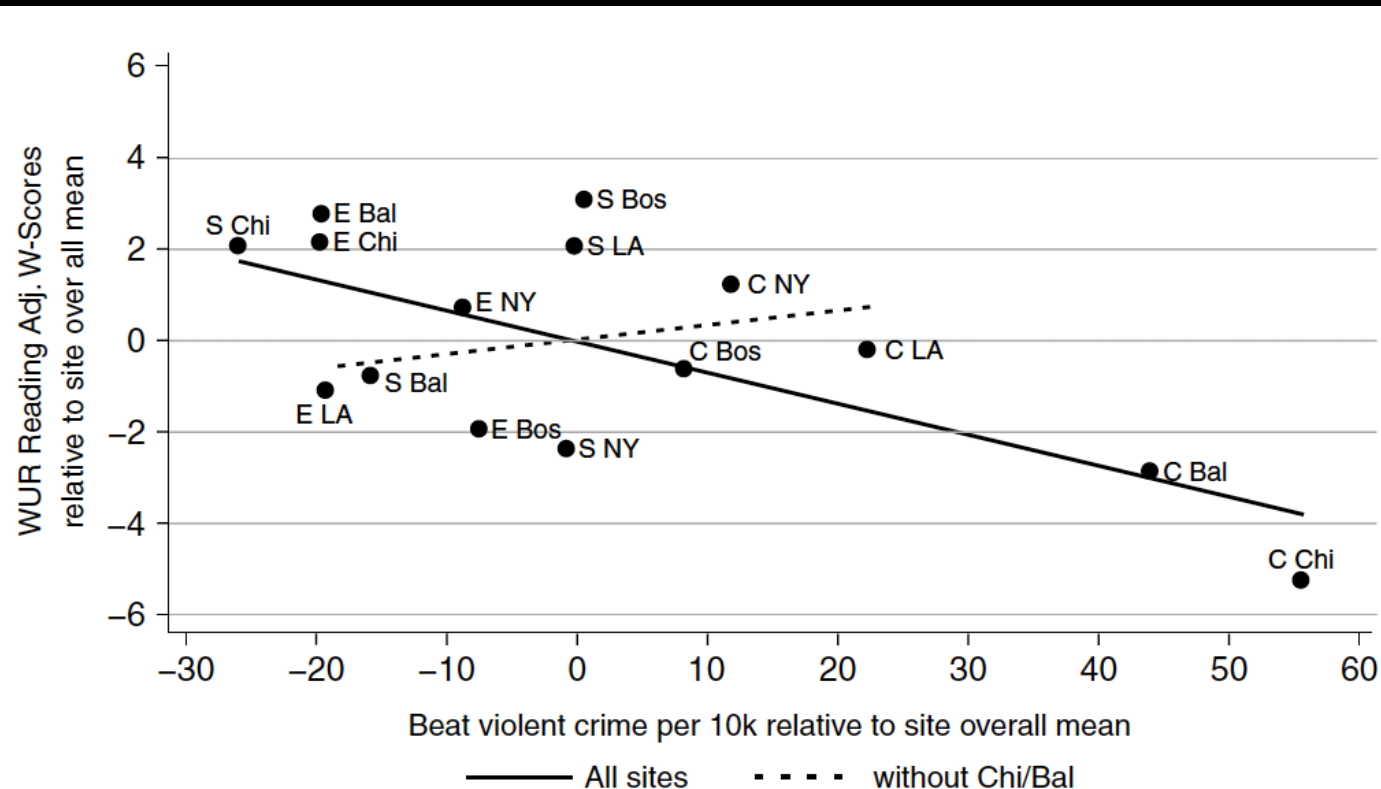


FIGURE 13.2. Relationship between violent crime and children's reading test scores across MTO demonstration cities and randomized mobility groups. Source: Burdick-Will et al. (2011, p. 271).

"Exposure to incidents of extreme violence impairs self-regulatory behavior, cognitive functioning, and academic performance. Over an extended period, living within an intensely violent neighborhood affects child health, brain development, cognitive skills development, and academic performance. Further, we have pointed to evidence suggesting that moving out of violent environments has substantial developmental consequences for young people." (p. 333)

Behavioral Health Problems, Greater Financial Need & School Dropout Among Minority Youth

- Emotional and behavioral problems can lead to discipline referrals, school avoidance, suspension, falling behind or drop out of school (Child Mind Institute, 2016)
- Among youth ages 16-24, Black and Hispanic youth were more likely than Whites or Asians to have dropped out of high school (Child Trends, 2015)
- Partly attributable to greater financial need among low-income families of color (Scott, Zhang and Koball 2015)



Stressors & Suicide Attempts in Time of COVID-19

An expected increase in U.S. suicide rate in families as a result of COVID-19 due to widespread economic stress, disproportionately affecting low-income and vulnerable communities .

Ettman, Gradus & Galea 2020



Black Youth & Suicide Rate

- The rate of black youth suicide is on the rise
- Last decade: **black youth under 13 are more than twice as likely to die by suicide than white counterparts**, an increase faster than any other racial/ethnic group (Watson Coleman et al., 2020)

Access to Mental Health Care: Telehealth Services

- **Digital Divide:** Internet access may be limited in areas where racial/ethnic minorities live, and these families may not have the needed technology to engage in mental health care services during COVID-19 (Rosenblatt, George & Jones 2020)
- Data from primary care clinic shows that video care consults increased by 80% in March & April, **yet minority groups represented a smaller portion of these visits** (Figueroa & Aguilera 2020; Nouri et al., 2020)

Access to Mental Health Care: School-based care



- Adolescents in racial and ethnic minority groups, with lower family income, or public health insurance are disproportionately more likely to receive mental health services exclusively from school: school closures will disrupt them more (Golberstein et al., 2020)
- Need to bridge youth traditionally served by school-based health providers to community-based resources (McGencey 2020)

Interventions to Address the Social Determinant and Mental Health Cycle

- **Multi-level interventions** targeting community and work life for those with mental illnesses have been linked to increased housing stability, stronger community ties, and increased wellbeing.
- **Community-level interventions** targeting the built environment (ex: green spaces) have reduced depressive symptoms and increased wellbeing.
- **Integrating social services with mental healthcare** through community health workers (CHWs) have improved patient engagement and ability to cope with stress.





#3 These Investments will be long lasting in the Recovery of our Nation

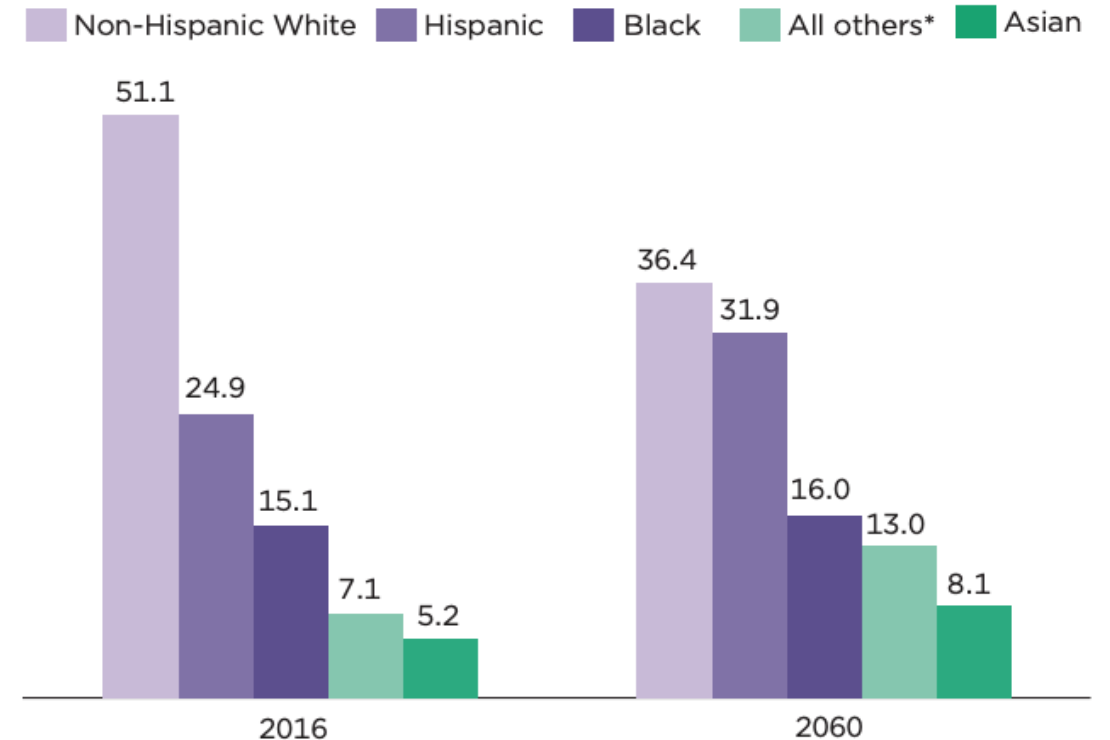
Youth of Color Changing Demographics: Racial and Ethnic Composition of Children Under 18

Vespa et al 2020

Figure 3.

Racial and Ethnic Composition of Children Under Age 18

The share of children who are non-Hispanic White is projected to fall from one-half to about one-third by 2060. (In percent)



* The other race group includes children who are American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, and Two or More Races.

Note: Hispanic is considered an ethnicity, not a race. The percentages do not add to 100 because Hispanics may be any race.

Source: U.S. Census Bureau, 2017 National Population Projections.

Promise for the Future: The role of diverse youth

- Minority youth will contribute to the growth of the nation's working age population, responsible for much of the economic growth in consumers and taxable population
- Aging white majority population will become dependent on this demographic's contributions to programs such as Medicare and Social Security
- Thus, continued investment and support in diverse youth is a necessity



Policy Recommendations

- Increase investments in social services, emphasizing importance of social determinants of health as component of mental health care and substance abuse treatment.
- Expand federal regulations to fund novel behavioral health treatment programs for communities of color with high COVID exposure and unemployment rates.
- Address inequities in access by bridging community services to youth who formerly received care through school setting or community colleges.
- Integrate mental health, addiction, and infectious disease care within public health infrastructure, free of charge & eligibility requirements for children and emerging adults.
- Accelerate expansion of the mental health and addiction workforce through training and educating professionals and paraprofessionals and implement performance measurement to determine if there are improvements in access and quality.



Thank You!

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