

Access to Care and Treatment Utilization for Mental Health and Substance Use Disorders during COVID-19: **The Disproportionate Impact on Communities of Color**

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Causes of Mental Health Disparities

Patient-Level Factors

Fear and Mistrust
Lack of Insight
Cultural Differences in
Treatment-Seeking Behaviors
Personal (Self) Stigma

Provider-Level Factors

Lack of Cultural Competence
Implicit Bias and Stereotyping
Language-Barriers
Geographic Differences
Lack of Diverse Workforce

Systems-Level Factors

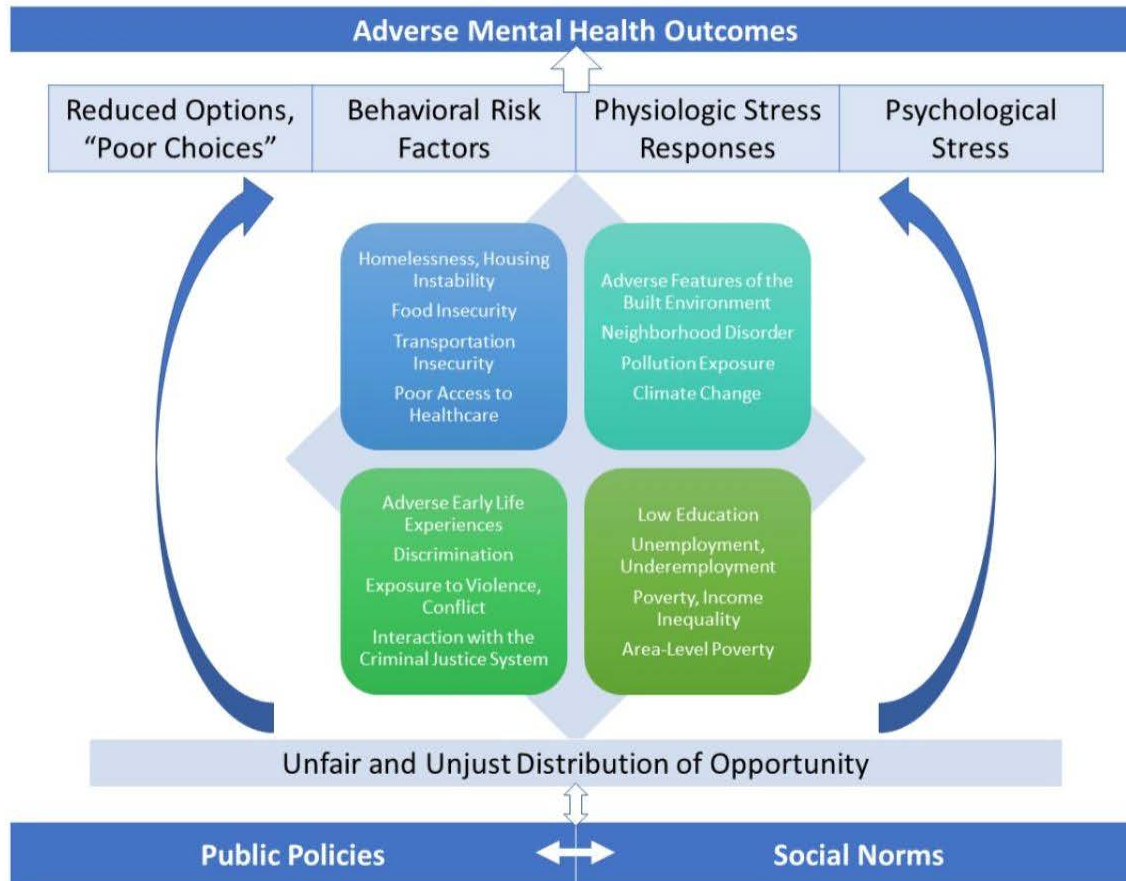
Cost of Care
Societal Stigma
Fragmentation of Services
Social Determinants of Health
Racism & Discrimination

Health Disparities:

Differences in health status among distinct segments of the population including differences that occur by gender, race or ethnicity, education or income, disability, or living in various geographic localities

Health Inequities:

Disparities in health that are a result of **systemic, avoidable, and unjust social and economic policies and practices** that create barriers to opportunity



Key Concepts that Sustaining Mental Health Inequities

- **Essentialism**

The belief that there are distinct, unchanging, and natural characteristics that define social groups and facilitate their categorization

- **Erasure of Context**

Failure to consider sociohistorical context when seeking to understand the etiology of inequities

- **Biological Determinism**

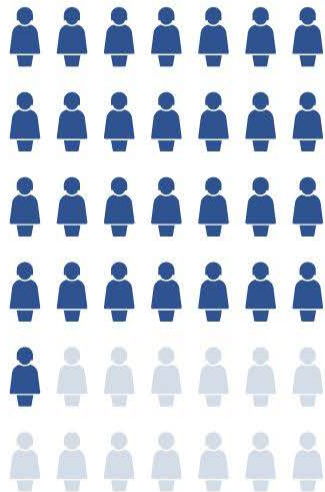
The false belief that racial groups are biologically and genetically different

- **Cultural Determinism**

The false belief that differences in racial groups are the result of cultural factors (e.g., ethnocentrism)

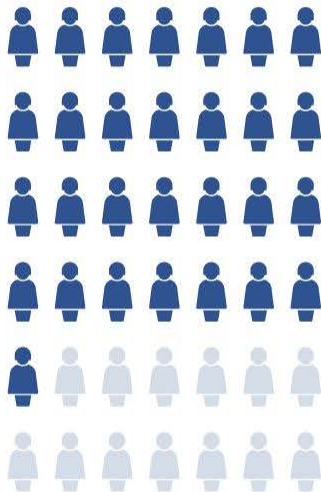
In 2018:

69%



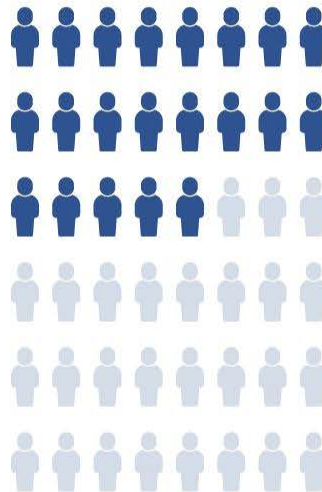
of Black adults with
any mental illness
received no
treatment

67%



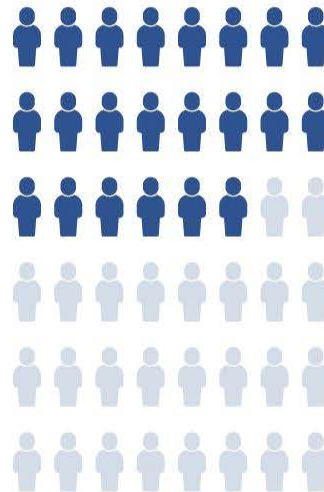
of Latinx adults with
any mental illness
received no
treatment

42%

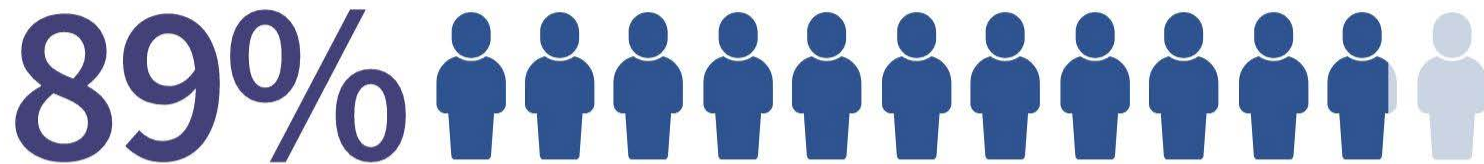


of Black adults with
**serious mental
illness** received no
treatment

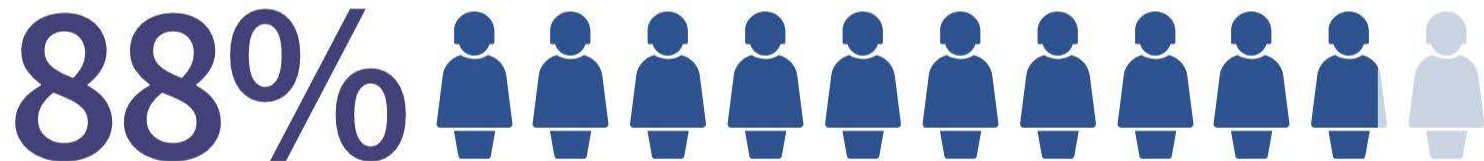
44%



of Latinx adults with
**serious mental
illness** received no
treatment



of Latinx adults with substance use disorders reported receiving no treatment



of Black adults with substance use disorders reported receiving no treatment

Cost is the most commonly cited
reason for not seeking care
Twice as often as **minimization**
of symptoms and **nearly five**
times as often as **stigma**

COVID-19 CASES, HOSPITALIZATION, AND DEATH BY RACE/ETHNICITY

FACTORS THAT INCREASE COMMUNITY SPREAD AND INDIVIDUAL RISK



CROWDED
SITUATIONS



CLOSE / PHYSICAL
CONTACT



ENCLOSED SPACE



DURATION
OF EXPOSURE

Rate ratios
compared to White,
Non-Hispanic Persons

American Indian
or Alaska Native,
Non-Hispanic persons

Asian,
Non-Hispanic
persons

Black or
African American,
Non-Hispanic persons

Hispanic or
Latino persons

CASES¹

2.8x
higher

1.1x
higher

2.6x
higher

2.8x
higher

HOSPITALIZATION²

5.3x
higher

1.3x
higher

4.7x
higher

4.6x
higher

DEATH³

1.4x
higher

No
Increase

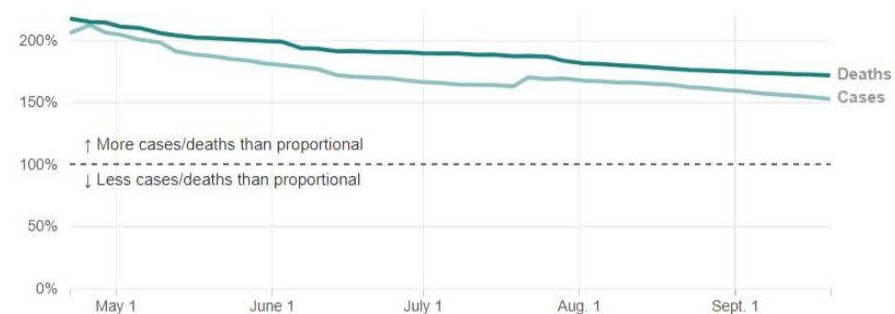
2.1x
higher

1.1x
higher

Race and ethnicity are risk markers for other underlying conditions that impact health — including socioeconomic status, access to health care, and increased exposure to the virus due to occupation (e.g., frontline, essential, and critical infrastructure workers).

Black death and case rates remain **disproportionately high**, since April.

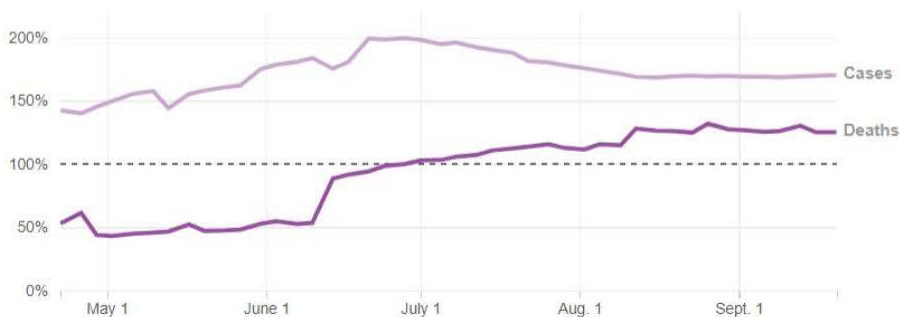
Percentage difference in share of deaths/cases, compared with race or ethnicity's share of U.S. population. A value above the dotted line indicates that a community's share of cases or deaths is greater than its share of the population.



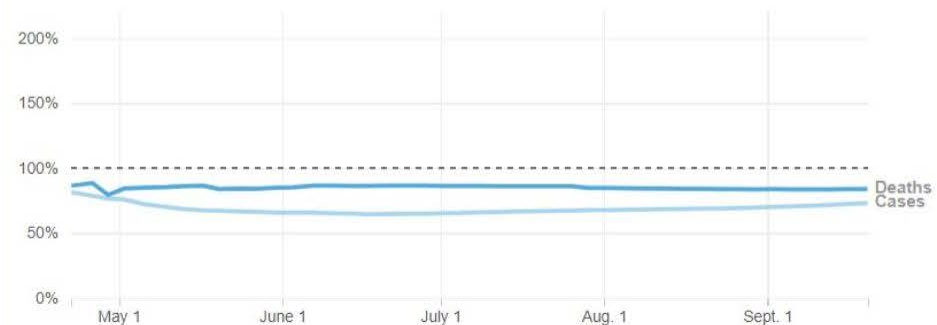
Hispanic shares of cases and deaths have **quickly exceeded their population share**.



Native American cases remain **disproportionately high**, as death rates **grow**.



White rates have stayed **disproportionately low**.





Original Investigation | Public Health

Prevalence of Depression Symptoms in US Adults Before and During the COVID-19 Pandemic

Catherine K. Ettman, BA; Salma M. Abdalla, MD, MPH; Gregory H. Cohen, MSW, PhD; Laura Sampson, PhD; Patrick M. Vivier, MD, PhD; Sandro Galea, MD, DrPH

Abstract

IMPORTANCE The coronavirus disease 2019 (COVID-19) pandemic and the policies to contain it have been a near ubiquitous exposure in the US with unknown effects on depression symptoms.

OBJECTIVE To estimate the prevalence of and risk factors associated with depression symptoms among US adults during vs before the COVID-19 pandemic.

DESIGN, SETTING, AND PARTICIPANTS This nationally representative survey study used 2 population-based surveys of US adults aged 18 or older. During COVID-19, estimates were derived from the COVID-19 and Life Stressors Impact on Mental Health and Well-being study, conducted from March 31, 2020, to April 13, 2020. Before COVID-19 estimates were derived from the National Health and Nutrition Examination Survey, conducted from 2017 to 2018. Data were analyzed from April 15 to 20, 2020.

EXPOSURES The COVID-19 pandemic and outcomes associated with the measures to mitigate it.

MAIN OUTCOMES AND MEASURES Depression symptoms, defined using the Patient Health Questionnaire-9 cutoff of 10 or higher. Categories of depression symptoms were defined as none (score, 0-4), mild (score, 5-9), moderate (score, 10-14), moderately severe (score, 15-19), and severe (score, 20-27).

Key Points

Question What is the burden of depression symptoms among US adults during the coronavirus disease 2019 (COVID-19) pandemic compared with before COVID-19, and what are the risk factors associated with depression symptoms?

Findings In this survey study that included 1441 respondents from during the COVID-19 pandemic and 5065 respondents from before the pandemic, depression symptom prevalence was more than 3-fold higher during the COVID-19 pandemic than before. Lower income, having less than \$5000 in savings, and having exposure to more stressors were associated with greater risk of depression symptoms during COVID-19.



Invited Commentary | Public Health

Mental Health Inequities in the Context of COVID-19

Ruth S. Shim, MD, MPH

Major depressive disorder is a leading cause of disability worldwide, and a major risk factor for suicide. It is also an illness that is remarkably sensitive to the social determinants of health—worsening depressive symptoms have been associated with adverse childhood experiences, racism and discrimination, unemployment, food insecurity, and a host of other social and environmental factors.¹ The coronavirus disease 2019 (COVID-19) pandemic has led to massive social and economic disruptions around the world and in the United States. In their study examining the prevalence of depressive symptoms before and during the pandemic, Ettman et al² have effectively documented an important mental health implication of the COVID-19 pandemic. The authors found higher prevalence rates of depression across all severity levels during COVID-19 compared with rates of depression before the pandemic in the US. Not surprisingly, for certain populations (eg, people with lower incomes and people with greater levels of stress associated with the pandemic), depressive symptoms were even more pronounced.

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Rise in depression rates in the COVID pandemic is attributable to multiple social determinants of mental health, including **unemployment, food insecurity, poverty, discrimination, adverse early life experiences, and poor access to health care.**

Thus, interventions to address this increased prevalence must focus on addressing the social determinants of mental health.