Addressing the Behavioral Health Consequences of the COVID-19 Pandemic on Communities of Color

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APRIL 30, 2021
Today’s Presentation

1) COVID-19 has had an enormous impact on the nation’s mental health. Our recovery from the pandemic must be inclusive of our psychological wellbeing.

2) Pre-existing issues around race and systemic racism have complicated and exacerbated the impact of COVID-19 on communities of color.

3) Data on the impact of COVID-19 and its interaction with pre-existing conditions for communities of color across the lifespan.

4) Present a framework that considers both the complexity of COVID-19 and the interaction with pre-existing social and structural issues for communities of color.

5) Given this new framework and its implications, we will provide recommendations for public policy.
Addressing the behavioral health consequences of the COVID-19 pandemic is critical for the successful recovery of the nation.
This *syndemic* is leading to significant psychological distress across the nation.
Many adults are struggling to cope with the high levels of stress.

- 6 in 10 adults reported undesired weight changes since the pandemic started
- 2 in 3 adults said they have been sleeping more/less than they want
- 1 in 4 adults reported drinking more alcohol to cope with stress

Elevated and chronic stress are leading to a ‘behavioral health outbreak’.

- Anxiety & depression symptoms (11% Jan. 2019 vs. 41% Jan. 2021)
- Increased substance use and overdoses (Up 13% as of June 2020)
- Increased intimate partner violence and child abuse (Up 8% as of Feb. 2021)

The overall prevalence of mental health symptoms during the pandemic is 3-4 times higher than before COVID-19.
Disproportionate Impact of the Behavioral Health Outbreak

• Some subgroups of the population are experiencing disproportionate levels of stress.
  • e.g., parents with young children; communities of color; frontline/essential workers; and Gen Z adults (18-23 yrs.)

• Significantly higher rates of anxiety and depression symptoms in communities of color

<table>
<thead>
<tr>
<th>CDC, 2021</th>
<th>Kaiser Family Foundation, 2020</th>
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<tbody>
<tr>
<td>- Hispanic/Latinx (47.1%)</td>
<td>- Hispanic/Latinx (46.3%)</td>
</tr>
<tr>
<td>- Other/Multiple Races (44.8%)</td>
<td>- Black (48%)</td>
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<tr>
<td>- Black (44.5%)</td>
<td>- Other (48.9%)</td>
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<tr>
<td>- White (39.9%)</td>
<td>- White (40.9%)</td>
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<td>- Asian (37.4%)</td>
<td>- Asian (33.1%)</td>
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Current U.S. Treatment Approach

- **5%** Severe Mental Illness
- **20%** Diagnosable Mental Disorder
- **75%** Everyone Else
These behavioral health inequities during COVID-19 are being exacerbated by existing and ongoing discrimination and trauma that communities of color face.
Complex Intersection of COVID-19 Related Health Disparities and Existing Racial Trauma

Intergenerational
Systemic
Institutional
Community
Interpersonal
Across the Lifespan COVID and Racial Trauma: Family & Adult Health

**Maternal Health**
- Historically, Black and Indigenous pregnant women were dying at 3-4x the rate of white women.
- Limited birthing teams during COVID may worsen pregnancy complications given existing biases in assessing pain.

**Criminal Justice**
- Black and Latino men historically overrepresented in the criminal justice system.
- People of color were 2.5x more likely to be policed and punished for violations of COVID orders.

**Employment**
- Black & Latino people represent 13% & 18% of the population but 15% & 21% of the frontline workforce.
- People of color more likely to be laid off during COVID or to be exposed to COVID in their work.

**Racial Empathy Gap**
- Racial Empathy Gap increasing COVID symptom severity and death rates among people of color.
- Underestimation of pain affects many aspects of COVID recovery -- neurological challenges, grief, loss.

**Existing in Survival Mode**
- Systemic racism has fostered and maintained trauma and impaired social capital among people of color.
- Trauma plus stress of COVID -- more neighborhood & domestic violence, increased substance use.
Child and Adolescent Health: COVID-19 and Racial Trauma

- **Intergenerational Transmission**
  - Communities of color historically mistreated by health care system, leading to broader cultural mistrust.
  - Mistrust based on parental beliefs and immigration status contributes to COVID vaccine hesitancy.

- **Education (childcare through college)**
  - Black, Latino & Indigenous families less likely to have resources that support academic achievement.
  - As of Fall 2020, students of color 3-5 months behind in learning vs. 1-3 months for white students.

- **Perceptions of Behavior**
  - Children of color more likely to be perceived as disruptive and less innocent than white children.

- **Social Development**
  - Youth of color who feel more socially connected report lower levels of behavioral health challenges.
  - COVID has disrupted and delayed significant developmental milestones, putting these youth at risk.

- **Childhood Experiences**
  - Children of color have historically faced more Adverse Childhood Experiences (ACEs) than white children.
  - Stress builds cumulatively – COVID & the racism pandemic are exacerbating existing effects of ACEs.
Successfully addressing the health inequities caused and exacerbated by the COVID-19 pandemic requires a fundamental shift in how we approach behavioral health.
Population Health Approach

Goal
- Effective & Efficient Clinical Care

People
- Diagnosed
- At Risk
- Healthy

Keep People Healthy
Mitigate Risk & Early Intervention
Five Critical Domains to Achieve Health Equity

- Strengthen the Current Mental Health and Substance Use Disorder Treatment System Infrastructure
- Utilize a Whole Government Approach to Address the Impact of COVID-19 on the Behavioral Health of Communities of Color
- Enhance Research and Data Collection Efforts
- Implement Prevention and Early Intervention Strategies
- Build Community Resilience
Strengthen the Current Mental Health and Substance Use Disorder Treatment System Infrastructure

For example:

- Fund programs that foster a culturally competent workforce (e.g., Minority Fellowship Program).
- Strengthen federal enforcement for mental health parity laws.
Utilize a ‘Whole Government’ Approach to Address the Impact of COVID-19 on the Behavioral Health of Communities of Color

For example:

- Ensure that federal funds are not used to discriminate on any basis other than need and eligibility.
- Establish interagency taskforce among Dept. of Edu., SAMHSA, CMS, & ACF to improve children’s social/emotional wellbeing & address trauma.
Enhance Research and Data Collection Efforts

For example:

- Support the ‘rapid research’ model of funding.
- Support increased CDC funding for COVID-19 surveillance and behavioral health data collection and enable consistent reporting.
Implement Prevention and Early Intervention Strategies

For example:

- Authorize SAMHSA to provide flexible funding for Single State Agencies to create network of prevention and early intervention services and strategies.

- Provide best practices for school districts to implement trauma-informed approaches to teaching and learning.
Build Community Resilience

For example:

• Provide funding to improve mental health literacy and behavioral health activation in communities of color.

• Expand authority for HHS & CDC to provide grants & TA to update & improve public health planning & train local leaders how to work across systems.
“Inherent in Every Community is the Wisdom to Solve Its Own Problems.”
Thank you!

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