

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

Arthur C. Evans, Jr., PhD

Chief Executive Officer

Maysa Akbar, PhD

Chief Diversity Officer

American Psychological Association

Biden-Harris Administration COVID-19 Health Equity Task Force

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.

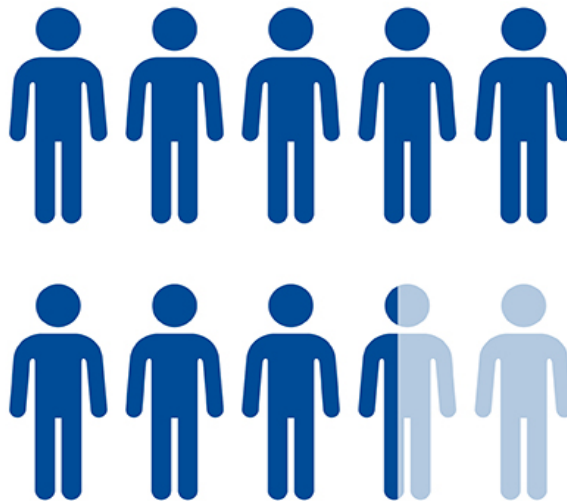
STRESS IN AMERICA 2020: A NATIONAL MENTAL HEALTH CRISIS

COVID-19 Is a Significant Stressor for Most Americans



Nearly 8 in 10 (**78%**) say the coronavirus pandemic is a significant source of stress in their life

More Than 8 in 10 Americans (**84%**) Report Feeling Emotions Associated With Stress in the Last Two Weeks



MOST COMMON EMOTIONS

Anxious **47%**



Sad **44%**



Angry **39%**



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**

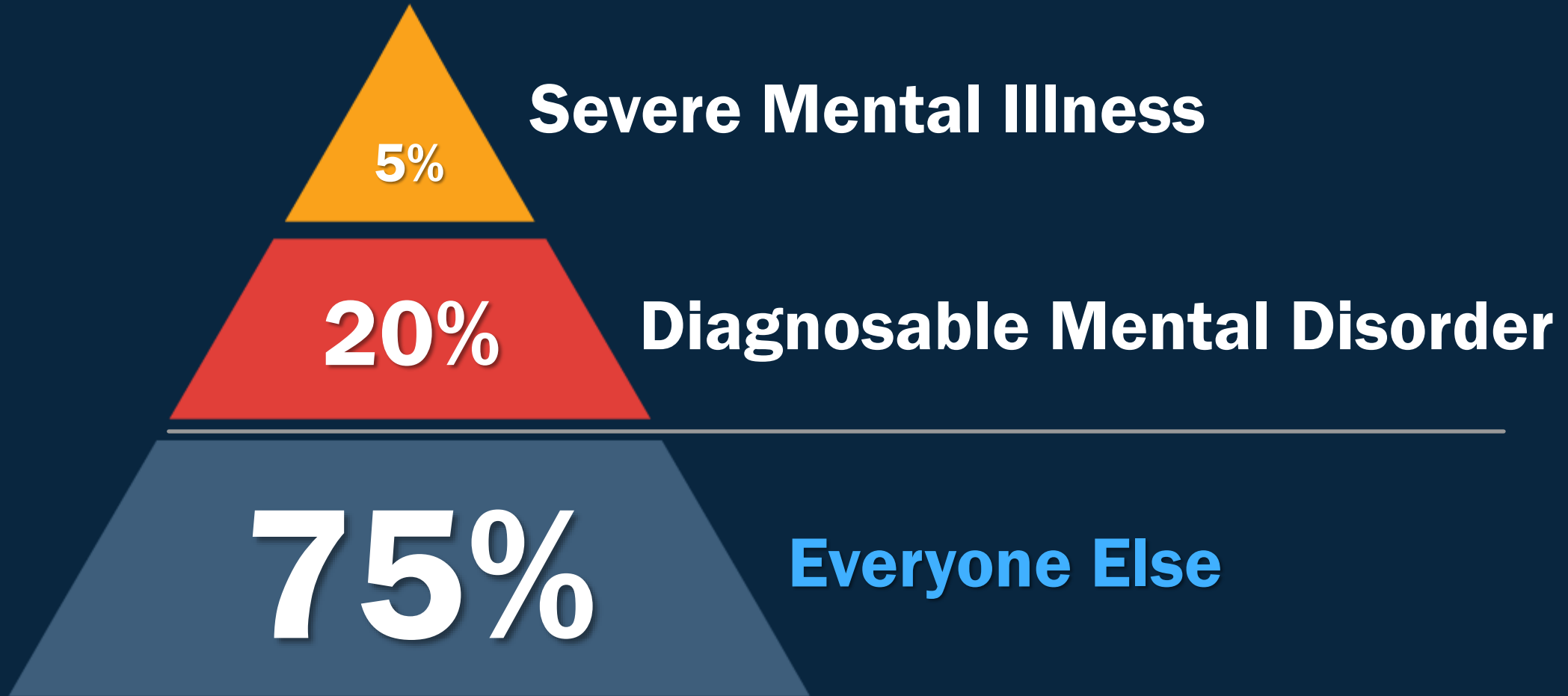
CDC, 2021

- Hispanic/Latinx (47.1%)
- Other/Multiple Races (44.8%)
- Black (44.5%)
- White (39.9%)
- Asian (37.4%)

Kaiser Family Foundation, 2020

- Hispanic/Latinx (46.3%)
- Black (48%)
- Other (48.9%)
- White (40.9%)
- Asian (33.1%)

Current U.S. Treatment Approach



**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

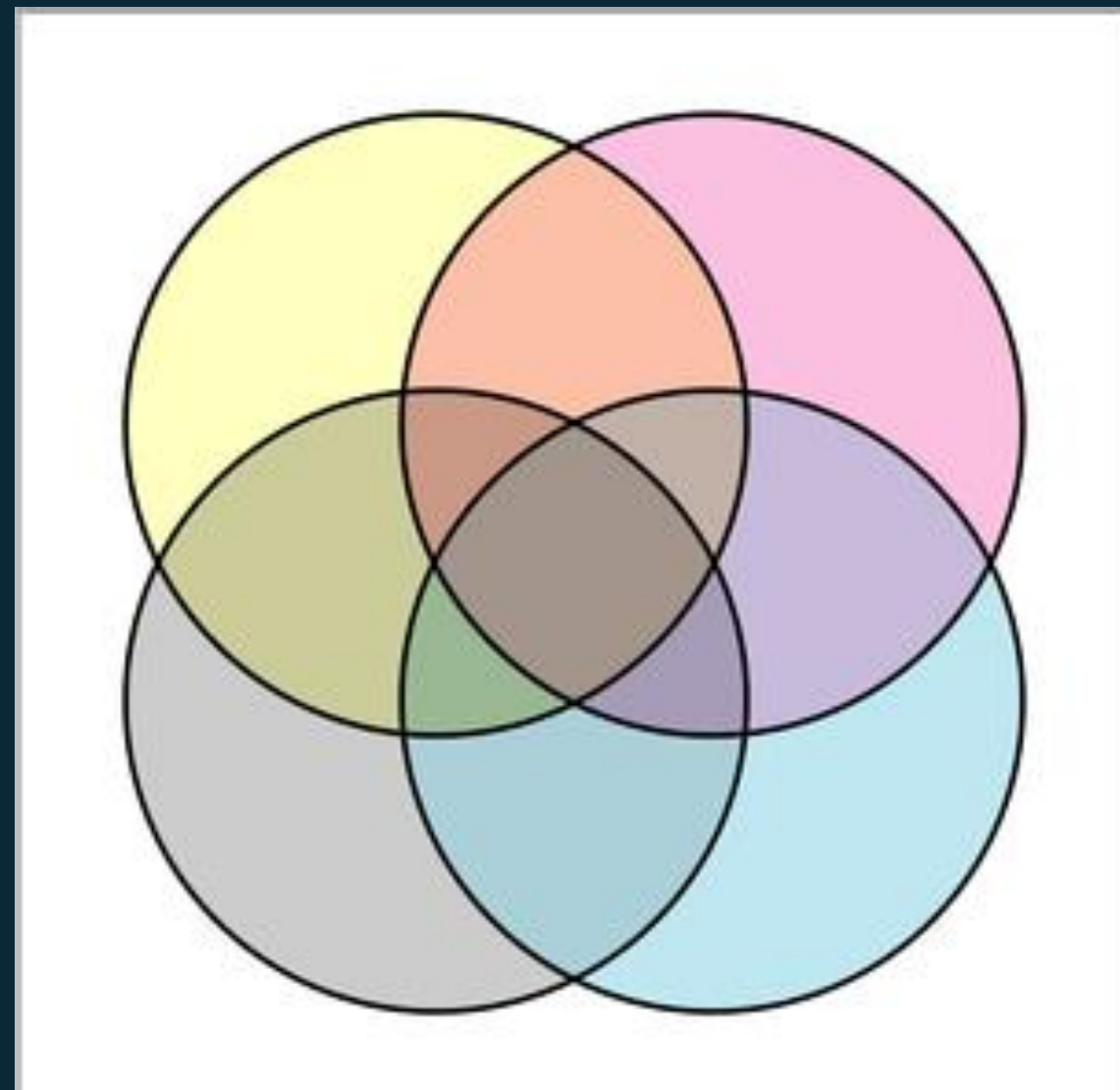
Intergenerational

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.
- COVID exacerbating behavioral health challenges in children of color – loneliness, home conflict.

- **Social Development**

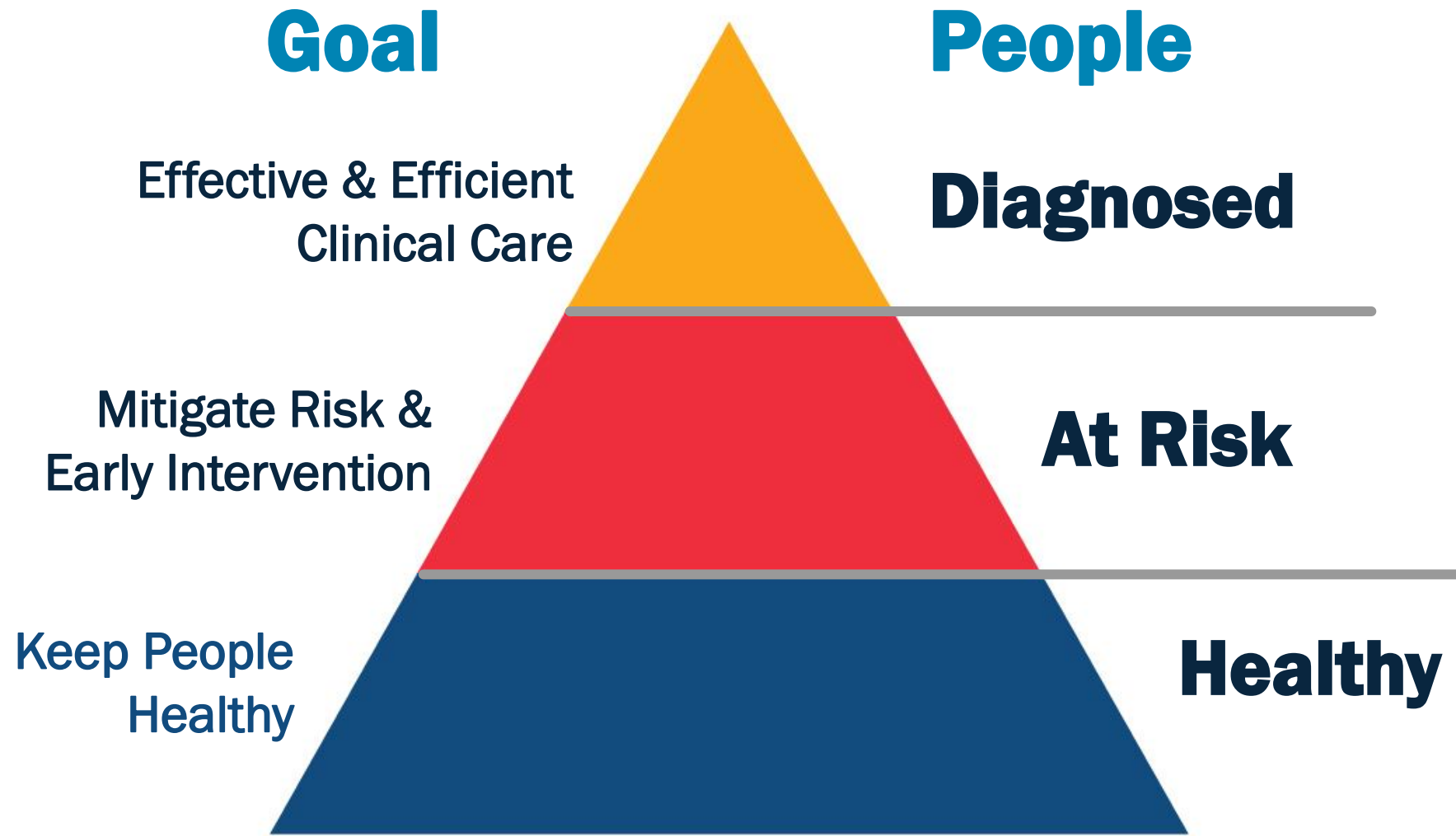
- Youth of color who feel more socially connected report lower levels of behavioral health challenges.
- COVID has disrupted and delayed significant developmental milestones, putting these youth at risk.

- **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



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.”**



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

Thank you!

Arthur C. Evans, Ph.D.

aevans@apa.org

Maysa Akbar, Ph.D.

makbar@apa.org

