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Written Testimony for the Record

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to the United States House of Representative Ways and Means Committee
Subcommittee on Health of the House Ways and Means Committee
Hearing: Bridging Health Equity Gaps for People with Disabilities and Chronic Conditions
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The American Psychological Association (APA) is the leading scientific and professional organization representing psychology in the United States. Through the application of psychological science and practice, our association's mission is to make a positive impact on critical societal issues. APA welcomes the subcommittee's examination of how the pandemic has worsened health disparities that people with disabilities and chronic conditions often experience and potential avenues for reform. We thank the subcommittee for the opportunity to submit a written statement for the record. In testimony before the full Ways and Means Committee in subcommittee in 2020, APA described for Congress how longstanding systemic health and social inequities place marginalized communities at increased risk of contracting COVID-19 or other infectious diseases and experiencing severe illness.¹ We now build upon these themes by focusing on COVID's impact on the mental health and well-being of people with disabilities and chronic conditions in the COVID-19 era and beyond.

The COVID-19 pandemic strained the mental health of individuals, families, and communities. Beyond the obvious physical ramifications of the virus, the effects of social isolation, disrupted routines, loss of jobs and income, and grief associated with the death of a loved one, have caused significant distress and trauma. During the pandemic, about four in 10 adults have reported symptoms of anxiety or depressive disorder, an increase from the one in 10 adults who reported these symptoms from January to June 2019.²

COVID also highlighted and exacerbated existing inequities in access to behavioral health care among the most at-risk and underserved populations, including but not limited to people of color, older adults, essential health care workers, families with low socioeconomic status, individuals with limited English proficiency and people with disabilities and chronic conditions. While Congress's historic investments in mental health and substance use treatment during COVID-19, as well as expanded access to new

¹ American Psychological Association. (2020, May 27). *Written testimony before the U.S. House of Representatives Ways and Means Committee*.

² Panchal, N., et al. The Implications of COVID-19 for Mental Health and Substance Use. Kaiser Family Foundation. (2021). Retrieved from: <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>

modalities of treatment such as telehealth, have been essential to meeting the increased demand for such services, continued planning and investment aimed at unmet need among people with disabilities and chronic conditions is urgently needed to meet the long-term mental health impact of the COVID-19 pandemic.

1. Connecting people with disabilities to the behavioral health care and support they need. APA supports access to the complete spectrum of services and supports for people with disabilities that are most appropriate to their needs. This includes ensuring that children and adults with disabilities access the full range of clinically needed and culturally appropriate and responsive services in their homes, at school, and in their communities. People with disabilities may face unique stressors and challenges during the COVID-19 pandemic that can affect their mental health. Some have underlying or secondary aspects of their disability, like suppressed immune systems or respiratory concerns, exacerbated by COVID-19.³ However, as we know from past public health crises, examining the physical impact only captures a limited picture. Research on past pandemics shows that individuals with disabilities often find it difficult to access critical medical supplies as resources become scarce.⁴ Some people with disabilities report higher levels of social isolation than their nondisabled counterparts. Furthermore, policies around rationing medical care can intensify discriminatory attitudes towards individuals with disabilities during times of crisis, which can increase anxiety about getting sick and requiring medical care.⁵

2. Chronic behavioral health conditions. Health inequities can influence both the prevalence and risk of chronic behavioral health conditions emerging in certain communities, a community's ability to access health care, health care providers' ability to offer care suited to that community's needs, and the overall outcomes. These outcomes are influenced by the social determinates of health (SDOH) which include economic stability, education, health care systems, neighborhood, physical environment, and one's social and community context. Efforts to address chronic behavioral health conditions – such as depression, substance abuse, eating disorders, bipolar disorder, obsessive compulsive disorder, and post-traumatic stress disorder – without adequate attention to the social determinates of health that influence health outcomes have limited effectiveness as they do not take into account social needs (e.g., food insecurity, insufficient housing, lack of transportation, and underemployment) that interfere with optional engagement in healthy behaviors and active treatment and therapy.⁶

In addition to SDOH, we must also consider evidence illustrating that the presence of a mental health disorder is a significant risk factor for the onset of a physical health disorder, and vice versa.⁷

³ American Psychological Association. (2021, May 6). *How covid-19 impacts people with disabilities*.

<https://www.apa.org/topics/covid-19/research-disabilities>

⁴ Campbell, V. A., Gilyard, J. A., Sinclair, L., Sternberg, T., & Kailes, J. I. (2009). Preparing for and responding to pandemic influenza: Implications for people with disabilities. *American Journal of Public Health*, 99, S294-S300, <https://doi.org/10.2105/AJPH.2009.162677>

⁵ Priestley, M., & Hemingway, L. (2007) Disability and disaster recovery, *Journal of Social Work in Disability & Rehabilitation*, 5:3-4, 23-42, DOI: 10.1300/J198v05n03_02

⁶ American Psychological Association. (2021, August). *Psychology's Understanding of the Challenges Related to the COVID-19 Global Epidemic in the United States*.

https://apa750-my.sharepoint.com/personal/lbr_apa_org/_layouts/15/onedrive.aspx?FolderCTID=0x0120002C9265D1EE02E64C9AFE8FAC38AA3EE5&id=%2Fpersonal%2Flbr%5Fapa%5Forg%2FDocuments%2FAttachments%2Fcovid%2Dstatements%2Epdf&parent=%2Fpersonal%2Flbr%5Fapa%5Forg%2FDocuments%2FAttachments

⁷ Australian Institute of Health and Welfare, 2007 (2012). Comorbidity of mental disorders and physical conditions, Cat. no. PHE 155. Canberra: AIHW, <https://www.aihw.gov.au/getmedia/05a9c315-7576-4c3f-aa2a9ccb14964c3e/10953.pdf>

Psychological factors (e.g., social stress, poor sleep quality, interpersonal conflict) substantially influence the immune system, with potentially dire consequences for physical health outcomes, including inflammatory disease, viral infection, health morbidity and mortality (Cohen, 2021; Slavich & Cole, 2013). Attempts to improve physical health outcomes thus must attend to co-occurring behavioral health to be maximally successful. However, despite evidence of need, SAMHSA reports that 26% of U.S. adults with any mental illness had unmet mental health needs during the previous year, and over 47% of those with serious mental illness report having unmet needs.⁸

3. Ensuring sustainability at the state, local, tribal and community levels. APA applauds Congress for its authorization of past COVID relief funding and expansion of coverage for new modalities of treatment such as telehealth which are benefitting people with disabilities and chronic conditions. The urgency of the moment necessitated swift action to begin addressing the ever-increasing mental health impact of the pandemic. However, investments in mental health care must not be just reactive or made solely on an emergency basis. The inadequacy of our mental health treatment system was apparent long before the pandemic, and consistent, steady, and sustainable support is necessary to maintain progress. As the demand for behavioral health services continues to increase, APA respectfully asks the Subcommittee to:

- Support continued federal spending investments that expanded access to behavioral health care services for all Americans, including psychological services and essential behavioral health providers.
- Support equal coverage and reimbursement for mental and behavioral health services furnished via telehealth, and remove unnecessary barriers to coverage of telehealth services, such as the new requirement that Medicare beneficiaries receiving services via telehealth must be periodically seen in-person to continue coverage of their telehealth services.
- Encourage federal and private service reimbursement of treatment models that support clinical practices in the delivery of competent and culturally appropriate clinical assessment, intervention, and prevention services to diverse populations and communities.
- Incentive informed integrated care delivery system to alleviate barriers that perpetuate worse mental health outcomes.
- Bolster social safety net programs.
- Ensure long term coverage of chronic mental health and substance use disorders.

4. Investing in research. The limitations encountered in the public health response to COVID-19 and the surge in substance use disorders and drug overdose deaths show the vital importance of behavioral research. We applaud recent proposed increases in the NIH Office of Behavioral & Social Science Research. We believe these investments will prove invaluable not only in responding to future epidemics and reducing substance use disorders, but also in addressing health disparities and improving community resiliency in the face of climate change impacts. In addition, the pandemic's impact is expected to endure into the foreseeable future due to the 77 million people who, after contracting COVID, are now newly disabled or chronically ill. APA supports increased research to understand and

⁸ Substance Abuse and Mental Health Services Administration. (2020). Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.

<https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFRPDFWHTML/2019NSDUHFFR090120.htm>

treat long COVID, particularly the symptoms of increased anxiety, depression and cognitive difficulties that are now well documented.⁹

In conclusion, the pandemic also exposed the nation's inequitable systems and structures that marginalize and increase susceptibility to infectious disease and chronic conditions in diverse populations. Now is an opportunity to build on progress at the federal, state, and local levels, build a more robust infrastructure to strengthen behavioral health care delivery, and prepare for future public health crises.

⁹ Taquet, M., et al., [Bidirectional associations between COVID-19 and psychiatric disorder: Retrospective cohort studies of 62 354 COVID-19 cases in the USA. The Lancet Psychiatry](#), 202.