



**AMERICAN
PSYCHOLOGICAL
ASSOCIATION**
SERVICES, INC.

American Psychological Association

Recommendations to the COVID-19 Health Equity Task Force

April 30, 2021

The American Psychological Association (APA) is committed to the complex and difficult work of responding to the mental health and substance use impacts of the COVID-19 pandemic, and addressing the long-standing health disparities experienced by communities of color, low-income individuals, and people residing in rural areas. What we are witnessing in the current pandemic is known as a “syndemic” – a rapidly spreading and dangerous disease that is both worsening and fueled by preexisting racism, mental health inequalities, and systemic inequities, all of which interact synergistically and have a disproportionate impact on marginalized populations (Herrick, 2020; Singer et. al., 2017). The mental health consequences of the COVID-19 pandemic are widespread and will be long-lasting.

We must align our approach to mental health and substance use disorders with the complexity and magnitude of the challenge of how these issues are addressed within communities of color. Our nation cannot fully recover from this pandemic unless we have a robust strategy to address the considerable mental health and substance use challenges that have been exacerbated and caused by it. To do this, we must recognize that the approach we were taking prior to the pandemic did not meet people’s mental health needs, especially for communities of color and historically marginalized groups. Doing more of the same will fall woefully short, given the significantly increasing mental health needs caused by COVID-19. APA strongly supports the positive steps the Biden administration has already taken to combat the adverse mental health and substance use impacts of the pandemic.

The national response to this mental health crisis must be informed by the best available science, the experience of professionals working on the ground, and the voice of the hardest-hit communities. Adoption of a population health approach will be critical for ensuring that we are addressing the broad range of psychological distress and disorders caused by the pandemic. A population health approach focuses attention on the need to provide access to the best evidence-based treatments for those having mental health conditions needing clinical intervention, to reduce risk or mitigate the impact of risk factors that lead to mental health conditions among those who are at greater risk, and to provide tools and resources for those who are experiencing good mental health so that they are able to maintain their psychological health and reduce their risk for psychological distress. If implemented, such an approach would address both the historical behavioral health barriers and challenges communities of color have faced, as well as the increased need caused by the pandemic. This approach focuses on working upstream and placing greater emphasis on prevention and intervention long before people experience a crisis, as well as ensuring highly effective services for those in greatest need of clinical treatment.

Utilizing psychological science is a critical means to inform strategies on implementing a population health approach and achieving health equity. Psychologists’ expertise focuses on understanding human behavior – for example, understanding why people are hesitant to take vaccines and understanding the mental health impact of the COVID-19 pandemic on communities of color. Psychological research examines and informs the factors that underlie health-related behaviors, such as social cohesion, social cognition, communication strategies, and cognitive biases.

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To that end, APA respectfully offers the following recommendations across five key areas:

1) Utilize a “Whole Government” Approach to Address the Impact of COVID-19 on the Behavioral Health of Communities of Color

Social determinants play a significant role in the development and course of behavioral health conditions. Consequently, a range of resources from outside the health care arena are needed to effectively address and prevent behavioral health conditions, particularly for communities of color. This requires resources and support from federal agencies in areas such as education, labor, and housing.

APA recommends the following measures:

- Establish an interagency task force among the Department of Education, SAMHSA, CMS, and the Administration for Children and Families to do the following:
 - Examine and recommend comprehensive benchmarks for policies and programs to improve social and emotional well-being.
 - Develop guidance for educators and administrators on culturally, developmentally, and linguistically appropriate training and responses to childhood trauma.
- Implement criminal justice reforms to achieve a health-based response to individuals experiencing a mental health crisis, rather than the traditional focus on law enforcement.
- Across the federal government, ensure that federal funds are not used to discriminate on any basis, including, but not limited to, race, ethnicity, sex, age, disability status, sexual orientation, gender identity, primary language, and immigration status.

2) Strengthen the Mental Health and Substance Use Disorder Treatment System Infrastructure

Despite commendable administrative and congressional efforts to combat the opioid crisis, the COVID-19 pandemic continues to exacerbate rates of opioid and substance abuse. Since August 2019, we have seen an astounding 26.8% increase in drug overdose deaths over the previous year (Ahmad et. al., 2021). CDC data also shows that while opioids, and especially fentanyl, continue to account for the bulk of overdose deaths, the use of psychostimulants, such as methamphetamine, increased by 46% over the previous year (Volkow, 2021). The rate of methamphetamine overdose is especially high in American Indian/Alaska Native (AI/AN) communities, over double the rate of any other demographic group. As was the case prior to the pandemic, communities of color tended to experience disproportionately higher rates of mental health and substance use disorders as a result of the pandemic (McKnight-Eily et. al., 2021) and constraints in access to testing, treatment, and preventive care and lack of health insurance coverage.

APA recommends that the Administration take the following steps:

- Allow coverage of the full range of evidence-based substance use disorder (SUD) treatment options, including, but not limited to, psychological pain management and contingency management for individuals experiencing opioid or methamphetamine addiction.
- Strengthen enforcement of federal mental health parity laws and ensure that private payors adequately fund behavioral health treatment and provide a full continuum of services through an adequate network of providers.
- Foster the development of a diverse and culturally competent behavioral health workforce through increased funding for programs that attract a broader and more diverse pool of providers and researchers, such as the Minority Fellowship Program, the Graduate Psychology Education program, and the federal student loan forgiveness program.
- Ensure that, after the termination of the current Public Health Emergency, CMS and the Department of Labor continue to allow and encourage coverage of mental and behavioral health services furnished via

telehealth, including audio-only telehealth, to improve access to services overall and address ongoing disparities.

3) Enhance Research and Data Collection Efforts

According to the National Institutes of Health (NIH), behavioral health research helps predict, prevent, and manage illness in individuals and in whole populations. This research also helps people change their behaviors, understand treatments, and learn how to adhere to them. For example, early in the pandemic, the COVID-19 Open Research Dataset, known as CORD-19, was developed to engage scientific researchers around the world to apply artificial intelligence to quickly explore prevention and treatment for the virus. This type of creativity needs to be replicated as we work to understand the circumstances why diseases such as COVID-19 disproportionately affect specific populations, such as African Americans, and to ensure this pattern is not repeated with future pandemics. Psychological research has a place in this space as it informs and shapes the development of responses to everyday societal problems affecting mental health. Addressing the disparate representation of researchers is a critical strategy to make a significant impact on understanding the mental health impact of COVID-19. Like many other scientific organizations, APA provided [comments](#) on the NIH's UNITE initiative that identifies causes of, and offers solutions to, systemic inequities in the scientific research workforce. Enhanced data sets are needed to engage scientific research for the rapid development of prevention and treatment. Standardization and coordination across government is paramount to addressing health equity.

APA recommends the following steps to improve the quality of behavioral health research, the diversity of the research workforce, and data collection efforts:

- Support the “rapid research” model of funding that provides direct support to experts in a particular field to pool their knowledge and develop innovative behavioral health solutions.
- Increase the HHS Office of Minority Health’s (OMH) focus on mental health and substance use research and interventions that address the social determinants of behavioral health conditions.
- Support increased CDC funding for COVID-19 surveillance and behavioral health data collection, testing and contact tracing, and implement protocols to enable consistent reporting on race, ethnicity, sex, age, and zip code.
- Mandate the collection and reporting of a comprehensive set of standardized equity-focused demographic data elements pertaining to COVID-19 testing, hospitalizations, deaths, congregate settings (such as homeless shelters, jails and prisons), type of employment, and vaccinations to support strategies to protect minority, marginalized, and underserved populations.
- Determine standards for collection and sharing of data and implement new data sharing and collection protocols across government agencies to determine how factors such as risk behavior, pre-existing conditions, health care system characteristics, and structural inequalities influence morbidity and mortality in underserved populations.

4) Implement Prevention and Early Intervention Strategies

Immediate Focus Needed on Students and Schools

We need a conceptual shift in how society approaches behavioral health care. We must move from a passive approach that allows people exhibiting symptoms of a mental health disorder to devolve into a crisis before we intervene. This passive approach is costly and causes significant harm to persons and their families. Investing in prevention and early intervention is a critical strategy to both avert worse outcomes and save lives.

High numbers of parents are reporting that their children are facing social and emotional challenges, including loneliness, anxiety, and depression (American Enterprise Institute, 2020). In addition to disrupted routines, ongoing uncertainty, and diminished social interactions, some children will endure Adverse Childhood Experiences (ACEs)—including various forms of abuse, neglect, and household dysfunction—that

might further undermine their sense of safety and stability. There is an ample body of research demonstrating that early intervention for children and young adults who begin to exhibit symptoms of a behavioral health disorder averts the need for more intensive and costly services further downstream.

APA recommends that the administration support the following measures:

- Authorize SAMHSA to provide flexible funding for mental health and substance use single state agencies to create a network of prevention and early intervention services and strategies in high-need communities, with special priority to those most affected by COVID-19 and its economic fallout.
- Support increased funding for the SAMHSA Office of Behavioral Health Equity to enhance the development of culturally competent COVID-19 behavioral health outreach for communities of color and marginalized populations, as well as a research-based communications strategy aimed at increasing mental health literacy and appropriate help-seeking for behavioral health conditions when necessary.
- Expand support for school-based mental health and substance use services for Medicaid-eligible children, as well as for children with disabilities under the Individuals with Disabilities Education Act.
- Encourage the Department of Education and SAMHSA to increase data collection efforts to both identify student mental health needs and track the success of any interventions currently underway.
- Provide best practices for school districts to implement trauma-informed approaches for students who have experienced or are at risk of experiencing trauma or ACEs.
- Expand access to school-based mental health programs in the following ways:
 - Educator training
 - Expand training and professional development opportunities for educators on integrating social and emotional learning, as well as skills and attributes, such as motivation and engagement, relationship building, and resiliency, throughout all areas of the curricula.
 - Provide resources for schools to train educators and other school staff on the impact of ACEs on children’s health and development, and implement trauma-informed practices to mitigate that impact.
 - Include mental health instruction as part of any health education curriculum that recognizes the connection between physical and mental well-being.
 - School-based mental health programs
 - Encourage development of comprehensive plans for school districts to support students at risk or exhibiting symptoms of behavioral health disorders, and to ensure schools are adequately connected with services and providers in their communities.
 - Increase funding for programs—such as Project AWARE, Student Support and Academic Enrichment Grants, and the Safe Schools National Activities Program—that aim to provide access to mental health services for students, either through hiring more mental health providers or creating community partnerships.
 - Support the reauthorization of the School-Based Health Centers Program to continue delivering quality physical and mental health care to low-income students and families.

5) Build Community Resilience

The mental and physical suffering we are experiencing in the midst of the COVID-19 pandemic presents us with an opportunity, if not an obligation, to build the social cohesion that will help us better weather the storms to come. There are many elements to social cohesion, which refers to the strength of relationships and the sense of solidarity among members of a community. Social cohesion is among the forces that can help build community resilience and is associated with improvements in population health. Social cohesion can also promote social networks and support. Social support (or lack thereof) is one of the strongest predictors of the development of post-traumatic stress disorder (PTSD) and other behavioral health disorders, including depression, anxiety, and substance use.

We also know that social isolation and loneliness is a public health issue in its own right. Increasing support for existing programs, and expanding their reach, will be essential to help improve the health and well-being of both individuals and communities. To mitigate these challenges, elevating effective interventions built on community resilience are needed.

APA offers the following recommendations:

- Create an interagency working group to develop methodologies and data to integrate social and economic determinants of health, environmental exposures, and community assets in assessing community resilience and empowerment, in order to aid the targeting of investments.
- Increase funding and expand authority for HHS and CDC to provide grants and technical assistance to states, local governments, and communities to update and improve public health planning, increase service coordination and information sharing, and train local leaders how to work across systems.
- Establish evaluation and monitoring systems to assess progress in achieving population health and health equity and improving social connection.
- Establish a new Public Health and Resilience Corps embedded in, and adaptable to, each community's specific needs, capable of carrying out needs assessments, public health information campaigns, and services connection and coordination.
- Provide funding to improve mental health literacy and behavioral health activation in communities of color.
- Develop a national public health strategy to combat social isolation and loneliness through an Inter-Departmental Advisory Group on Social Isolation and Loneliness.
- Support NIMH research and evidence-based strategies for suicide prevention.
- Support private-public partnerships to help highlight the importance of managing suicide risk with employee benefit programs by better connecting workplace centers, where unemployed persons seek services and retraining, to mental health resources.

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