



THE COVID MENTAL HEALTH CRISIS IN AMERICA'S MOST VULNERABLE COMMUNITIES

AN ANALYSIS OF THE U.S. CITIES MOST IMPACTED BY COVID-19, POOR MENTAL HEALTH, AND LACK OF MENTAL HEALTH ACCESS

Surgo Foundation and Mental Health America

SUMMARY

This year, World Mental Health Day (October 10) arrives amid an unprecedented moment in American history, as COVID-19 continues its spread within different regions of the country, and evidence mounts about the related negative impact on Americans' mental health. In an effort to raise awareness of the growing mental health crisis, Surgo Foundation and Mental Health America have identified 13 U.S. cities where COVID-19 vulnerability and poor mental health overlap -- and eight cities that are additionally burdened by a lack of access to mental healthcare and treatment. As the virus spreads in these communities, they can be even more susceptible to negative consequences, such as faster COVID-19 case growth, increased financial burden, and poorer health and mental health outcomes, including suicide. In this analysis, we provide context for what makes these cities so vulnerable and offer recommendations to help state and local policymakers, philanthropists, community-based health organizations, patient advocates, and others prioritize responses and planning.

AMERICANS' MENTAL HEALTH IS WORSENING IN THE MIDST OF A PANDEMIC

Six months into the COVID-19 pandemic, the effects of social distancing, stay-at-home orders, financial stress, and constant uncertainty about the future are taking a toll on Americans.

[Mental Health America](#), a community-based nonprofit dedicated to addressing the needs of those living with mental illness, and [Surgo Foundation](#), a nonprofit that solves health and social problems with precision, have observed troubling trends related to community vulnerability to COVID-19 and Americans' mental health:

- Mental Health America hosts an [online screening program](#) that collects live data from clinically-validated screening tools among individuals looking for mental health resources online. Since March, the program has seen increasing rates of mental health conditions and distress -- with the number and rate of individuals scoring "moderate" to "severe" for depression and anxiety increasing over that time period. In fact, [data from the program collected in August 2020](#) reflected the highest rates of moderate to severe depression and anxiety reported since the beginning of COVID-19 in March: Of the 111,440 people who took a depression screen, 85 percent rated their depression symptoms as moderate to severe; and of the 60,701 people who took an anxiety screen, 79 percent rated their anxiety symptoms as moderate to severe.
- A [recent CDC report](#) summarizing public opinion surveys found that 40 percent of Americans surveyed report struggling with at least one adverse mental health condition amid this public health crisis. The most common issues reported were **depression and anxiety** (with 30% of the 5,412 survey respondents reporting symptoms in the last 30 days); **trauma- and stressor-related disorders** (with 25% reporting symptoms); and **use of alcohol or drugs to cope with the pandemic** (with 13% reporting symptoms).

COMMUNITY VULNERABILITY COMPOUNDED BY POOR MENTAL HEALTH

In response to increasing concerns about the intersection of the public mental health crises and the pandemic, Surgo Foundation and Mental Health America set out to determine which United States counties are most vulnerable to the negative consequences of COVID-19 and poor mental health.

A data tool [featured](#) as a key CDC resource and developed by Surgo Foundation, the [COVID-19 Community Vulnerability Index](#) (CCVI), identifies highly vulnerable counties that are far less likely to overcome a COVID-19 outbreak due to a number of socio-economic, health, and structural factors. The CCVI combines the CDC's [Social Vulnerability Index](#) with epidemiological and healthcare system themes related to COVID-19. We suspected that in many parts of the country, the underlying vulnerability of certain communities overlaps with the mental health crises being reported. With this in mind, we evaluated data from the CDC's [500 Cities: Local Data for Better Health project](#) and compared it to the CCVI.

The CDC data highlights which cities in America have the highest prevalence of poor mental health (defined by the CDC as the rates of adults in a census tract reporting at least 14 days of poor mental health in the previous 30 days). Specifically, we looked at census tracts that fell into the most vulnerable 25% of tracts in America (in terms of a community's vulnerability to COVID-19) *and* the 25% of tracts with the highest rate of mental health concerns, then looked at which cities had the largest populations in these overlapping high-risk areas.

The results show that in the following thirteen cities, (see Figure 1), more than half of that city's residents live in a census tract with both high vulnerability to the pandemic (top quartile) and high rates of poor mental health (top quartile).

Figure 1: Thirteen U.S. Cities Most Impacted by COVID-19 and Mental Health

| City | Proportion of residents living in highly COVID-vulnerable neighborhoods with high rates of poor mental health |
|--------------------|---|
| Camden, NJ | 84% |
| Reading, PA | 78% |
| Detroit, MI | 77% |
| Springdale, AR | 65% |
| Passaic, NJ | 62% |
| Allentown, PA | 61% |
| Rochester, NY | 60% |
| New Bedford, MA | 54% |
| Albany, GA | 54% |
| Buffalo, NY | 54% |
| San Bernardino, CA | 51% |
| Syracuse, NY | 51% |
| Trenton, NJ | 50% |

SOME VULNERABLE CITIES ALSO LACK ACCESS TO MENTAL HEALTHCARE

The healthcare support systems in place in each community can go a long way toward meeting and mitigating the risk of a public health crisis. Mental Health America's [Access to Care Ranking from their State of Mental Health in America Reports](#) evaluates nine measures related to mental healthcare access, using data from federal agencies and the [National Survey on Drug Use and Health](#) from 2017 and 2018.

Re-visiting our list of cities alongside MHA's Access to Care Ranking provides insight about which cities are experiencing a "triple threat." These cities are especially vulnerable due to having a large proportion of residents that are both vulnerable to the effects of COVID-19 and at risk of poor mental health, and lacking the local mental healthcare access that they might need in this growing crisis.

We found that among our list of 13 high-risk cities (Figure 1), some are especially vulnerable to the pandemic; demonstrate a higher rate of poor mental health; and lack access to mental health care and treatment. These cities are:

- **Camden, Passaic, and Trenton (New Jersey).** New Jersey ranked 33rd out of 51 states for access to mental healthcare in Mental Health America's 2020 access to care report. On a positive note, New Jersey has shown improvement in cost and insurance coverage over time. The percentage of adults with cognitive disability who could not see a doctor due to cost decreased from 35.07% (2017) to 25.19% (2018), and the percentage of youth whose private insurance did not cover mental or emotional problems decreased from 7.3% (2017) to only 4% (2018). However, the state still faces access barriers for adults, with 60% of adults with any mental illness (AMI) not receiving mental health services.
- **Springdale (Arkansas).** In Springdale, 65% of the population lives in neighborhoods with a high CCVI score and high rates of poor mental health. In Mental Health America's 2020 report, Arkansas was ranked 35th for Access to Care. The indicators that affected their Access to Care Rankings most were related to cost and coverage of care: the rate of youth with private insurance that did not cover mental or emotional problems increased from 11.8% (2017) to 14.4% (2018), and adults with cognitive disability who could not see a doctor due to cost increased from 31.42% (2017) to 34.16% (2018).
- **Albany (Georgia).** Georgia was ranked 50th for Access to Care in Mental Health America's 2020 report. The indicators that affected the Access to Care Ranking most for Georgia were adults with any mental illness (AMI) who did not receive any treatment, from 60.9% (2017) to 64.9% (2018), and adults with cognitive disability who could not see a doctor due to costs, from 36.06% (2017) to 41.92% (2018). Georgia also has a high rate of youth with a past year major depressive episode (MDE) who did not receive mental health services at 70.4% (2018) compared to the national average of 59.6% (2018).
- **Syracuse, Buffalo and Rochester (New York).** New York was ranked 15th for Access to Care in 2020, with worsening access to care for youth. Mental Health America has found that young people in the state are also facing some of the [largest impacts of COVID-19](#) in terms of mental health concerns. New York showed increasing rates of youth with past year MDE who did not receive mental health services, from 55.1% (2017) to 59.1% (2018), and worsening rates of youth with severe MDE who received some consistent treatment, from 27.2% (2017) of youth to only 21.9% (2018).

Each of the states mentioned above also face shortages of mental health providers that will increasingly be felt with the growing need for mental health services following the COVID-19 pandemic. **Georgia** has a ratio of 730 people to every 1 mental health provider, **New Jersey** has a ratio of 450:1, **Arkansas'** ratio is 440:1 and **New York's** is 350:1 ([as of 2018](#)).

POLICY RECOMMENDATIONS

It is not too late to mitigate the exploding mental health crisis in these communities. To begin to address the mental health needs of people throughout the United States, Surgo Foundation and Mental Health America offer the following recommendations:

- **Engage in strategic deployment of resources and support for the most vulnerable communities.** Similar to the epidemiological, data-driven approaches taken to understand the spread of COVID-19 and the need for additional resources in specific communities throughout the United States, we must create a data-driven response to growing mental health needs to ensure appropriate and equitable allocation of mental health resources to those communities who need them most. This includes not only using data to prioritize areas of the United States that have been most affected by the COVID-19 pandemic, but to prioritize populations who are disproportionately denied access to care and face higher rates of mental health problems as well, including Black, indigenous people who identify with more than one race and other communities of color, and special populations such as LGBTQ+ youth.
- **Anticipate and plan for how to minimize the devastating impact of COVID-19 on employment, financial hardship, and housing and food insecurity.** Addressing health-related social needs is imperative to improving mental health outcomes. Unemployment, job insecurity and financial hardship affect a person and family's ability to have access to and afford mental health treatment and support. Further, the experience of housing insecurity, food insecurity and financial hardship have direct negative impacts on the mental health of individuals and communities. These experiences are compounded if communities have higher rates of intergenerational poverty and childhood trauma. Unemployment in particular has also been identified as a risk factor for suicide, and therefore minimizing unemployment as a result of COVID-19 may directly impact mental health outcomes.
- **Increase funding for schools.** The only way to decrease the negative impact of isolation and other mental health concerns of students is to increase funding to schools to create smaller classrooms where ratios are appropriate to ensure student, teacher, staff, and community safety and still allow children to return to schools. Having children return in a safe instructional environment must be followed with specifically increasing funding for mental health services in schools to address any new mental health concerns that resulted from the COVID-19 pandemic.
- **Ensure that changes to expand access to telehealth mental health support services become permanent following the COVID-19 pandemic.** The COVID-19 pandemic has shown that mental health workforce shortages can be mitigated through different models of care delivery, such as tele-mental health. The Center for Medicare and Medicaid Services (CMS) encouraged states to reduce barriers to tele-mental health under Medicaid, and Medicare allowed audio-only tele-mental health visits during the pandemic. These changes are important for ensuring that populations that live in communities with a scarcity of mental health providers are able to have access to mental health care. Further, ensuring audio-only telehealth allows for even greater access among low-income or older populations that may not have access to devices with video capability. It is also important that policies work toward the expansion of broadband services and data particularly for low-income populations, so they may be able to utilize telehealth services.

CONCLUSION

The increasing mental health crisis in America's communities represents just one of the many negative consequences of the COVID-19 pandemic, but it is a consequence that cannot be ignored. By leveraging publicly available resources -- like Mental Health America's Access to Care Rankings and Surgo Foundation's COVID-19 Community Vulnerability Index -- policymakers, philanthropists, community based organizations, patient advocates, and others can champion more effective responses to the COVID-19 pandemic and help alleviate the mental health burden on hundreds of thousands of Americans.

This report was written in October 2020 by Christine Campigotto, Sema Sgaier, Bethany Hardy, and Peter Smittenaar, Surgo Foundation; and Theresa Nguyen and Maddy Reinert, Mental Health America.

PARTNERS



Mental Health America (MHA) - founded in 1909 - is the nation's leading community-based nonprofit dedicated to addressing the needs of those living with mental illness and promoting the overall mental health of all. Our work is driven by our commitment to promote mental health as a critical part of overall wellness, including prevention services for all; early identification and intervention for those at risk; integrated care, services, and supports for those who need it; with recovery as the goal.



Surgo Foundation, established in 2015, is a nonprofit organization dedicated to solving health and social problems with precision. We do this by bringing together all the tools available from behavioral science, data science, and artificial intelligence to unlock solutions that will improve and save lives. We work in the United States and in low- and middle-income countries on issues like COVID-19, HIV/AIDS, tuberculosis, maternal mortality, health care, housing, and more.