

Rural hospitals are closing, many in states that haven't expanded Medicaid. [Watch our new video](#) to learn how Medicaid expansion could help these providers stay afloat.

AREA OF FOCUS

Improving Health Care Quality

BLOG / DECEMBER 2, 2020

The Long-Term Impact of COVID-19 on Mental Health



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TOPLINES

With mental health fallout from the pandemic likely to grow, policymakers should consider strategies like increasing the pipeline of mental health providers and investing in telehealth

In responding to the crisis, states should consider the interplay of three factors: overall COVID burden, the availability of mental health providers, and the ability of residents to financially access mental health services

As the United States struggles anew to contain COVID-19, concerns are growing regarding its long-term impact on mental health. Local reports cite increases in [domestic violence](#) calls and [opioid overdose](#). Crisis hotline use is also rising, with some reports of staggering spikes. For example, calls to Los Angeles suicide and mental health hotlines have increased [8,000 percent](#). Modeling has suggested that the pandemic will lead to as many as [75,000 deaths](#) from alcohol and drug misuse and suicide, increasing the total of COVID-related deaths. While national data are sparse, the Centers for Disease Control and Prevention's [Household Pulse Survey](#) suggests that the proportion of U.S. adults with symptoms of anxiety disorder and/or depressive disorder have quadrupled since before the pandemic, with the burden disproportionately borne by [women and people of color](#).

DRIVING FACTORS

A number of factors may be driving these increases. The impact of the pandemic on social determinants of health, such as employment, income levels, and housing and food security, have threatened basic survival. Access to care in the U.S. also has been negatively affected — nearly one-quarter of adults surveyed in early November reported they had [not received needed care](#) in the past four weeks. Finally, throughout the pandemic, many individuals find themselves living with a perpetual sense of uncertainty, which is associated with outcomes ranging from [negative psychological well-being](#) to elevated blood pressure. Living with uncertainty also magnifies the psychological impact of other stressors.

Children are particularly vulnerable to the mental health effects of the pandemic resulting from school closures and the suspension of social activities, and also are affected by the stress their parents are experiencing. School closures have particularly impacted access to mental health care for children: more than half who use mental health services receive at least some services in school settings, with 35 percent receiving [services exclusively in schools](#).

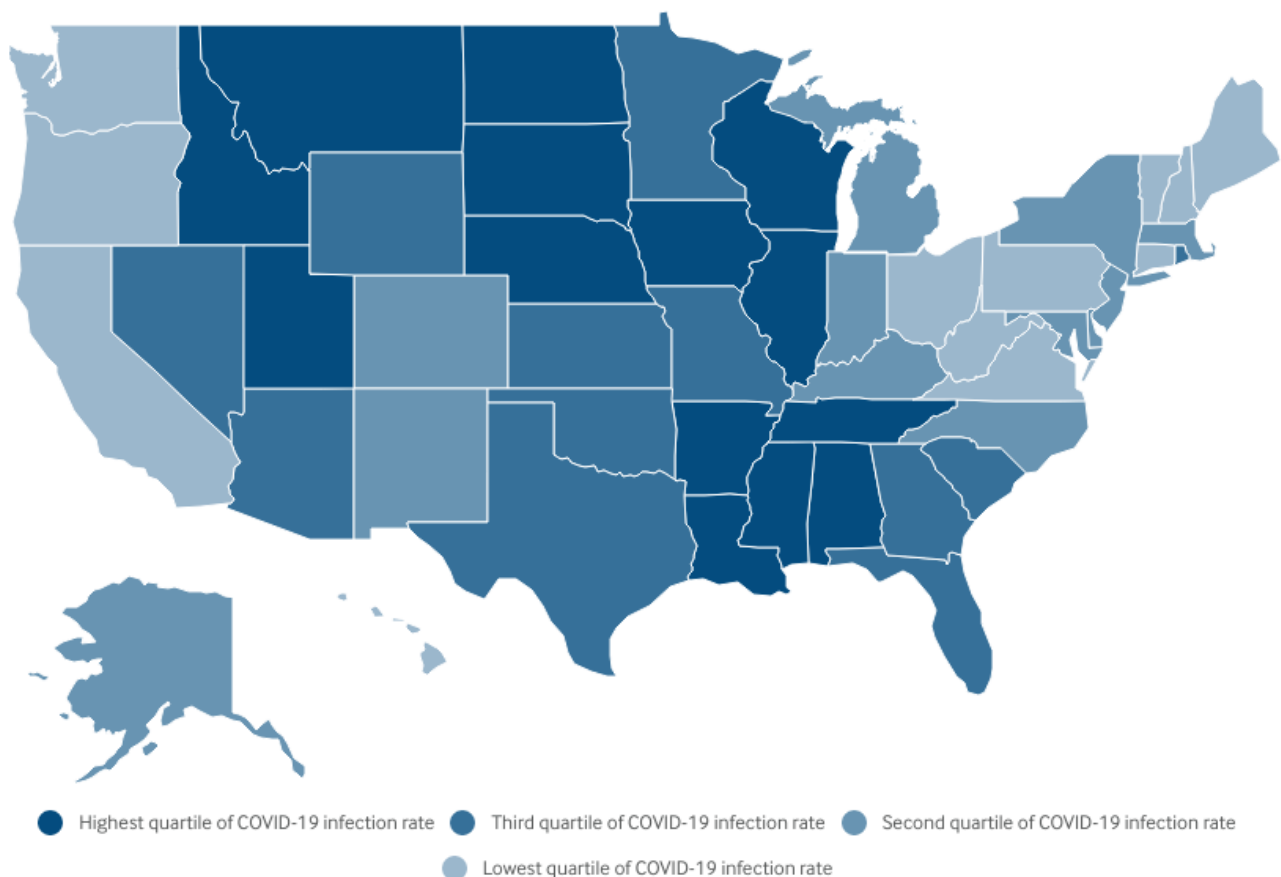
COVID RATES AND ACCESS TO MENTAL HEALTH

Addressing the mental health crisis through a single national strategy is complicated by the wide variation among states in overall rates of infection, access to care and [availability of mental health providers](#). For instance, as of November 15, the states with the lowest infection rates per capita are Medicaid expansion states, where there is better

access to care and providers. Alternatively, all nonexpansion states but one (North Carolina) are in the top half of per capita COVID infection rates. Of the 15 states that have not yet expanded Medicaid, four are in the highest quartile of both per capita COVID rates and mental health provider shortage severity. In responding to this crisis, states should consider the interplay of three factors — overall COVID burden, the availability of mental health providers to meet the anticipated surge in need, and the ability of residents to financially access mental health services even if they are available.

Mental Health Burden in Light of COVID-19

COVID-19 rates



Mental health provider shortage





Source: Jacob C. Warren and K. Bryant Smalley, "The Long-Term Impact of COVID-19 on Mental Health," *To the Point* (blog), Commonwealth Fund, Dec. 2, 2020. DOI

enacting plans to help children access the mental health resources previously received in schools.

When choosing approaches to implement, it is important to consider prevailing factors in the state. For instance, an initiative to increase the number of mental health providers that does not simultaneously look at the locations of shortages in such providers may end up misallocating resources. Finally, to plan effectively and respond strategically, it is critical that states implement stronger surveillance of mental health outcomes, which allows for rapid response to newly emerging needs.

PUBLICATION DETAILS

DATE

December 2, 2020

CITATION

Jacob C. Warren and K. Bryant Smalley, "The Long-Term Impact of COVID-19 on Mental Health," *To the Point* (blog), Commonwealth Fund, Dec. 2, 2020. <https://doi.org/10.26099/2vpb-v221>

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