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The U.S.'s 'second pandemic': surges in behavioral-health needs

Hospitals and mental health professionals are trying to address the increase in behavioral health needs in the wake of the pandemic, but resources are strained.



Dr. Vibin Roy, medical director of Doctor on Demand, prepares to conduct an online visit with a patient from his work station at home April 23 in Keller, Texas. (AP Photo/LM Otero)

Erin Durkin

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As the COVID-19 pandemic winds down, the country is now grappling with what some have dubbed “a second pandemic”—and existing behavioral-health services may not be prepared for the surge in need.

From August to February, reported symptoms of anxiety or depression increased from 36 percent to 41 percent, with the largest increases seen in young adults aged 18 to 29, according to the Centers for Disease Control and Prevention.

With provider shortages and access challenges, professional societies and mental-health advocates are calling for support from Congress for telehealth flexibilities and mental-health services in schools while pushing states to use COVID-19 funds for behavioral-health needs.

“COVID brought not only health anxiety and grief and loss, but unemployment and all kinds of other social challenges, isolation, et cetera,” said Jared Skillings, chief of professional practice for the American Psychological Association. “We really are in the middle of what our association has been talking about as a second pandemic.”

COVID-19 has taken a mental- and physical-health toll on the behavioral-health workforce, he said. Skillings lost his own father, who was a practicing psychologist in a rural region.

“My dad was in private practice for 40 years; he died from COVID back in January this year,” Skillings said. “He lived in a rural community and he was one of the only psychologists.”

Provider shortages have been a long-term challenge for many areas. In Montana, for instance, there were 20 geographic areas experiencing a shortage of mental-health professionals as of June 13, according to data from the Health Resources and Services Administration.

“We’re in a state of crisis in Montana, as many states are across the nation; we are suffering from a huge increase in need and a real decline in workforce available to fill the need,” said Mary Windecker, executive director of Behavioral Health Alliance of Montana.

In 2019, before the pandemic reached the U.S., Montana had the third-highest suicide rate in the country, according to the CDC. Windecker said the virus arrived when community-based mental-health services were still recovering from 2017 and 2018 budget cuts.

“We had a meeting on Friday with all of my providers—adult, children, tribal, and substance-use-disorder-treatment providers, and they’re so short-staffed and so unable to compete in the workforce,” she said.

Windecker said she is drawing up a plan on how dollars from the American Rescue Plan Act can be used, noting that Montana is estimated to get \$2.7 billion. The state legislature has set up advisory commissions for different areas of funding, including health.

So far, the commission recommended and the governor approved the use of more than \$10 million to support various mental-health and substance-use-disorder projects.

“We immediately need to get some financial-relief stipends to people who have worked in the behavioral-health system throughout the pandemic and are fried,” she said. “They have been short-staffed; they haven’t been able to pay their bills;

they haven't been able to take time off. We have to get some money to retain those people and reward them for sticking with the most vulnerable.”

Sen. Chris Murphy told *National Journal* that he hoped states would consider using funds from the last COVID-19 package for behavioral health services.

“There wasn't a huge new amount of money for behavioral health in the American Rescue Plan,” he said. “My hope is that a lot of the flexible money going to states and school districts are going to be used on mental health.”

The American Rescue Plan Act included [\\$4 billion](https://www.nami.org/Press-Media/Press-Releases/2021/Latest-COVID-19-Relief-Package-Makes-an-Investment-in-Needed-Mental-Health-Services) for substance-use-disorder and mental-health care, mental-health programs in schools, and workforce training, according to the National Alliance on Mental Illness.

The Treasury Department has also said states can use dollars from the \$350 billion in flexible funding to address behavioral-health issues impacted by COVID-19.

Debbie Plotnick, vice president for state and federal advocacy at Mental Health America, said that COVID-19 funds could be used to build out crisis services that would be linked to the new suicide-prevention number, 988, which will be fully operational in 2022. This was one of the recommended uses from the health-advisory group in Montana.

But longer-term funding will also have to be provided by Congress, said Angela Kimball, national director of advocacy and public policy at the National Alliance on Mental Illness.

“We're working with Congress to increase funding for those kinds of core crisis services, including looking at infrastructure packages, and really thinking about 988 crisis response as a crisis infrastructure that needs to be built up throughout

our country,” she said.

Supporting the use of telehealth, including audio-only devices, for behavioral-health services after the COVID-19 pandemic is another key focus for behavioral health organizations. “Issue No. 1 really has to do with maintaining reimbursement for telehealth, and for looking at Congress to enact legislation to support that,” said Richard Summers, treasurer of the American Psychiatric Association. “The insurance companies are just waiting for the moment to not pay.”

Some of the American Psychiatric Association’s policy recommendations to federal and state governments include continuing reimbursements for telehealth on par with in-person visits. The group is also pushing for audio-only communications to be allowed.

“APA strongly urges [the Centers for Medicare and Medicaid Services] to support permanent coverage for audio-only services, which is seen as the digital equalizer for those that lack access to broadband internet or video-enabled devices and for those who cannot utilize dual audio-video devices,” the group wrote in a letter to the agency in February.

Mental illness in kids has also been exacerbated by the pandemic. At a press event last month, Children’s Hospital Colorado CEO Jena Hausmann [declared](https://www.childrenscolorado.org/about/news/2021/may-2021/youth-mental-health-state-of-emergency/) a “State of Emergency” in youth mental health. She said the facility’s pediatric-emergency departments and inpatient units were “overrun with kids attempting suicide” and suffering from other mental-health issues.

The White House is calling for \$1 billion in the president’s fiscal 2022 budget to increase the number of counselors, school psychologists, nurses, and social workers in school settings.

“Kids have really experienced quite a lot during the pandemic in terms of their mental health, and that’s expected to continue,” Kimball said. “Frankly, schools and primary care are hungry for behavioral health to be integrated because people see the need.”