Understanding Mental Health in the Context of the Pandemic

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Pandemic times have wrought a heavy toll on mental health in America, with working-class adults, people identifying as Black/Latinx, LGBTQ youth, unpaid caregivers, and people who had previously experienced trauma paying the greatest costs. At the same time, this moment offers an opportunity for real system change in the way we plan for and deliver mental and social health services for those at greatest risk of not thriving.

A Look at the Numbers

A CDC study in June 2020 revealed that 40.9 percent of 5,470 respondents reported an adverse mental or behavioral health condition—31 percent reported depression, 26 percent reported trauma disorders like PTSD, 13 percent began or increased their level of substance use, and 11 percent had considered suicide in the past 30 days.[1]

The hardest hit were young people 18–24 (63 percent reported depression or anxiety, 24 percent substance abuse, and 25 percent have contemplated suicide) and Black and Latinx people who had the highest rates of suicidality (and also the highest rates of employment change, COVID-19, and impact from the racial reckoning around police brutality)—but they were not alone. Twenty percent of essential workers and 30 percent of unpaid caregivers considered suicide in the last month. Those who had experienced trauma before experienced a worsening of mental health disorders. By the end of the year, we saw a 23 percent increase in overdose deaths and an estimated 30,000 additional deaths of despair (deaths from alcohol, drug use, and suicide), especially among working-class adults—a catastrophically accelerating epidemic overlying a pandemic.[2]

Strategies to Take Action

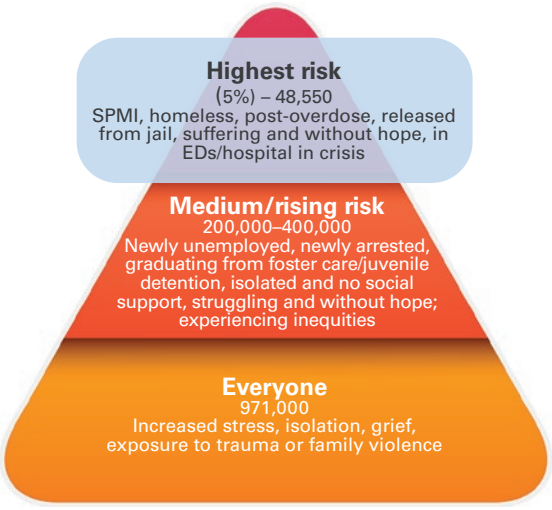
In Delaware, the Division of Substance Abuse and Mental Health (DSAMH), which worked with WE in the World to apply a population health approach to their planning for mental health and addictions services in 2019, used that approach to anticipate in advance the demand for mental health care and supportive services. They divided their population of people with mental health and addictions into the top 5 percent at highest risk, those at medium/rising risk, and everyone. They had already used human-centered design to understand what was happening with each population. They identified who might fall into each group and what could happen in the context of the pandemic to each group. This resulted in the population health triangle in the exhibit below.

Key Board Takeaways

- Applying a population health approach can help healthcare systems proactively rather than reactively approach a high-risk group with substantial improvement in outcomes.
- Boards need to support their organizations in strategic exploration of new modalities that can support the need for mental health treatments for the whole population.
- The pandemic offers an opportunity to redesign our system of mental health and social well-being in a way that supports everyone to thrive.

DSAMH developed strategies for each risk group in the context of the pandemic, ones that any healthcare system could take on. Recognizing that congregate settings such as shelters for many of those who are in the highest risk group would be closing their doors, they developed an agreement with a hotel in each of their three counties to obtain rooms at discounted rates and began delivering mental health services there. They diverted people from emergency rooms and police pickups into mental health crisis treatment.

DSAMH care managers proactively reached out to highest risk and rising risk groups and, using a simple well-being screener developed using the Well Being In the Nation (WIN) measures, identified who was thriving, struggling, or suffering; needed support with finances and social needs; felt hopeless; and needed additional peer support and social connection.[3] A team of care managers made warm connections to 2-1-1 for those with social needs, COVID testing and primary care, and virtual 12-step groups and mental health services. They created proactive transition support for people coming out of emergency rooms and prisons so that people had the medical and social supports they needed to thrive.



Recognizing that not everyone would feel comfortable reaching out to the traditional healthcare system and that they would likely not be able to meet the demand for additional support, DSAMH implemented an online peer-to-peer platform called the Support Wall staffed in part by both usual wall guides and culturally concordant, bilingual peers supported by Healthy Communities Delaware. This platform offers 24/7 support, including wall guides who are medically trained. Demonstrated through referrals for people on wait lists for mental health care in Ontario, this platform had substantial evidence showing that it works.

The impact of all of this in Delaware was substantial. By taking this approach, they watched the percentage of people suffering come down from 25 percent back to 5 percent, close to the pre-pandemic baseline of 3.5 percent. Unlike the rest of the country, where overdose rates increased by 23.2 percent in 2020,

1 Mark Czeisler et al., "Mental Health, Substance Use, and Suicidal Ideation during the COVID-19 Pandemic," Morbidity Mortality Weekly Report, CDC, August 14, 2020.
2 Also see Mental Health America, "The State of Mental Health in America 2021."
3 To find out more about the Well Being In the Nation Measures, see Somava Saha, "Measuring Differently to Create Well-Being in the Nation," *BoardRoom Press*, The Governance Institute, April 2020.

Delaware's overdose rate increased slightly by 3.6 percent. It took hard work and a coordinated, creative approach across sectors—people giving away Narcan at the food bank, as an example. However, Delaware demonstrated that real improvement in population health outcomes with an equity lens and a focus on those who were not thriving was possible.[4]

Pandemic times offer great challenges, but they also offer enormous opportunities to redesign the system to work better for people. Our system of mental health care has never worked well for people in the middle of the night, accounted well for lack of social supports, or the inevitable loss of income that comes along with mental health and addiction issues. Groups like Well Being Trust and Mindful Philanthropy are coming together in this moment to offer new frameworks such as Healing the Nation,[5] which bring together changes in healthcare, community, and policy to create a better system. Boards need to ensure their organizations are prepared to support these strategic shifts. This moment in time offers us an opportunity to connect the dots and create a better, more resilient system that supports everyone to thrive, with the healthcare and peer supports we all need in our lives.

The Governance Institute thanks Somava Saha, M.D., M.S., Founder and Executive Lead, Well-Being and Equity (WE) in the World, and Executive Lead, Well-Being in the Nation (WIN) Network, for contributing this article. She can be reached at Somava.saha@weintheworld.org.

4 Delaware case study developed with contribution from Elizabeth Romero, former Chief of DSAMH.
5 See https://healingthenation.wellbeingtrust.org.