



African American
Behavioral Health

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The Tragic Effects of COVID-19 on AFRICAN AMERICAN BEHAVIORAL HEALTH

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ESSAY

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Mental health is a precious gift that we as a society—and we in the behavioral health field (mental health and substance use disorders)—are charged with protecting, sustaining, and repairing as needed. Since the beginning of 2020, our ability to fulfill this charge has been sorely tested, both by a global pandemic and by the chronic health disparities that the effects of the pandemic have laid bare. The many implications of our past few years' experience provide a framework for delving into the impact of the COVID-19 pandemic on the mental and behavioral well-being of African Americans, with a spotlight on mental health and the epidemic of opioid use disorders.

Effects of the Pandemic

On April 10 of this year, a bipartisan congressional resolution formally terminated America's national state of emergency regarding COVID-19. Although an exhausted nation would prefer to assume—or at least hope—that things would return to normal immediately, this has not been the case. Of the facets of American life that still lag behind, our mental health is one of the most critical.

Among the many possible forms of large-scale disaster, an epidemic of contagious disease might come at the highest cost to mental health. Short of vaccination, all effective efforts to stop the epidemic or slow its progress require that we severely limit our most powerful tool for preventing and recovering from traumatic responses: human contact. We isolate, we wear face masks, we avoid our friends and neighbors, we keep children home from school, and people who have been identified as infected are quarantined.

For African Americans, the recent pandemic took an even higher toll on both physical and mental health. This is not only because human connection is a particularly important strength of African American communities, but also because historical and entrenched systemic oppression and inequities have left these communities with lower access to services and higher proportions of chronic illness—and COVID-19 preys on chronic illness.

During the pandemic, as researchers attempted to document the mental health effects of the COVID-19 pandemic, local schools, urban and rural communities, and faith communities began to sharpen their focus on the importance of tending to personal mental health. On a national

level, the federal government forged a number of measures to combat the mental health crisis, starting with the White House-led strategy President Biden outlined in 2020 in his first State of the Union Address. However, the circumstances of the pandemic, its effects on service systems and the economy, and the extreme workforce reductions that came as a surprise to many fields have made it much harder to meet the behavioral health needs of America.

According to the National Alliance on Mental Illness (NAMI):

- one in five U.S adults report that the pandemic had a significant negative impact on their mental health,
- nearly half of young people with pre-existing mental health concerns reported significant negative impact from the COVID-19 pandemic, and
- more than 12 million adults and 6.8 million youth (ages 12-25) had serious suicidal ideation and/or attempt (National Alliance on Mental Illness, 2023a).

More alarming, people ages 12 and older who consume alcohol report a 15-percent increase in drinking and a 10-percent increase in both opioid use and the use of substances in general (National Alliance on Mental Illness, 2023b).

Affected by the pandemic in disproportionately high levels, many African American communities are also experiencing disproportionately high use of narcotics, other controlled substances, and alcohol, as people struggle to cope with the realities of pandemic and post-pandemic adversity and the attendant suffering and loss. COVID-19 has intensified the already taxing stressors that many African Americans live with every day. If the behavioral health field is to address these ongoing epidemics effectively, we will need to take a public health approach, focusing on the key social, economic, and environmental circumstances called the “social determinants of health” (SDOH) and their effects on the quality of life and the physical and mental well-being of African Americans.

The Social Determinants of Health

In a public health approach, the social determinants of health are “the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks” (Office of Disease Prevention and Health Promotion, n.d.). The SDOH serve as the primary foundation for assessing and addressing health outcomes and health equity in the United States. The social determinants of health are divided into a five-domain framework:

- Economic stability
- Education access and quality
- Health care access and quality
- Neighborhood and built environment
- Social and community context

Public Health agencies such as the Centers for Disease Control and Prevention (CDC) and the U.S. Department of Health and Human Services (DHHS) Office of Disease Prevention and Health Promotion (ODPHP) have used this framework in their tireless efforts to reduce health inequities in the United States. These agencies have taken the lead in encouraging health care organizations, institutions, and educational programs to look beyond the surface and address the underlying conditions that shape the social determinants of health, which in turn shape the health of individuals, families, and communities.

A powerful tool for exploring the state of public health in America, [Healthy People 2030](#) is the fifth and current searchable, online version of the comprehensive, ongoing DHHS record of our public health needs, objectives, and progress toward those objectives. For example, for each of the concrete, measurable objectives cited for “Mental Health” (52 objectives) and “Mental Disorders” (34 objectives), Healthy People 2030 lists and reports progress with highlighted notes such as “baseline only,” “research,” “getting worse,” “little or no detectable change,” and “target met or exceeded.”

Although “roughly half of the United States population” will be diagnosed with a mental disorder at some point during their lifespan (Centers for Disease Control and Prevention, 2018), African Americans are 20% more likely to experience serious mental health challenges. If we are to reduce that gap, we will need to move beyond efforts at health equality (the same services available to all) and toward health equity (services are available based on the needs of and barriers facing each). To do that, we will need to examine and address the many factors influencing the social determinants of health. This article takes a brief look at a few circumstances within the domain, “Health care access and quality,” circumstances that limit Black use of mental health and substance use disorder treatment.

Limitations on Treatment Access and Utilization

African Americans are more likely than White Americans to be uninsured or underinsured. According to the Kaiser Family Foundation, “in health coverage, nonelderly Black people (11%) continue to have a higher uninsured rate than their White peers (7%)” (Artiga, Hill, & Ndugga, 2023). Even when African Americans are insured, they still face significant barriers to care, including limited provider networks, community, and professional stigma toward Black people with behavioral health conditions, and long-standing patterns of mistrust due to cross-cultural misunderstanding and abuse.

The hesitancy associated with the use of treatment options in the African American community has long historical roots and fresh, contemporary reinforcement. The literature offers many examples of cruel, destructive, and unethical medical and research practices used on African Americans, the best known being the infamous 1932 Tuskegee syphilis experiment. In that study, more than 100 Black men died after being deceived into thinking they were receiving treatment—and then not notified that a cure for the illness had finally been discovered.

Although medical mistrust is connected with historical legacies, it also stems from patients' contemporary experiences with medical providers. Medical and human service systems are learning about the nature and impact of implicit bias, and how it manifests in service settings. However, these systems have been slow in finding and using effective tools that will help practitioners modify racially harmful behaviors, and in identifying the policy changes that would make their systems more equitable. In a nationwide study conducted by the Kaiser Family Foundation, investigators reported that 7 in 10 African Americans believe that African Americans seeking medical care are treated unfairly based on race and/or ethnicity (Fletcher, 2020).

A lack of health literacy in many Black communities also contributes to the lack of treatment utilization. According to a study conducted by the Substance Abuse and Mental Health Services Administration (2020), “many from this population are not informed about the standard treatment options for [substance use disorders and opioid use disorders], reducing the chance that evidence-based treatments will be sought.”

Consequences

With these and other obstacles to even adequate health care, African Americans are more likely to experience negative health outcomes. For example, according to the Diagnostic and Statistical Manual of Mental Disorders (DSM), they are more likely to experience anxiety, depression, and post-traumatic stress disorder (PTSD). Research has shown that African Americans who have mental illnesses are also more likely to experience severe symptoms and less likely to seek or receive treatment for those illness (American Psychiatric Association, 2013).

In post-pandemic America, one significant effect of these challenges around health literacy, trust, and access to medical services seems to be the rising use of opioids and other substances as alternative coping mechanisms in the absence of adequate medical care. Lack of understanding of the disease of substance use disorder (SUD) and the risks of opioid use disorder (OUD) increases people's general risk of prescription drug misuse and opioid overdoses.

A Challenge

The lack of treatment utilization, the constant uptick in African American overdoses and suicide deaths, and the decaying mental health in many communities demand collaborative action by coalitions that include community leaders and behavioral health providers. Communities and providers alike need practical strategies that will help them begin to mitigate the tremendous loss of life and potential due to these tragic trends.

A companion to this essay is a visual document entitled *Practical Strategies for Communities and Providers Engaging the African American Community*, highlighting three such strategies:

Community Strategies

1. Faith communities engaging their membership and the larger community in stigma-reducing training on behavioral health, substance use disorders, etc.
2. Community organizations provide education and advocacy on harm reduction (e.g., opioid reversal kits), with the understanding that people are perishing because of a lack of simple knowledge.
3. Coalition building among health, human service, and educational systems, to address the multidimensional needs and challenges of the community members whose lives they all touch.

Provider Strategies

1. Redoubling their focus on cultural competence, cultural humility, diversity, equity, and inclusion
2. Partnering with local communities to map out the social determinants of health in those communities and exchanging their knowledge and experience about the mental health effects of those determinants.
3. Enhancing their interventions to address (in treatment) the effects of the key social determinants of health that they are learning about through these partnerships.

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