

Improving Behavioral Health During COVID-19

Senator Tina Smith (D-Minn.) and Senator Lisa Murkowski (R-Alaska)

The COVID-19 pandemic has presented new challenges that are negatively impacting the mental health of Americans. Social distancing measures have led to increased social isolation and job loss. Essential workers on the frontline are experiencing increased pressure and burnout in the face of a never-ending crisis. And Americans have increased anxiety as they worry about themselves or their loved ones contracting the coronavirus. In 2020, 37 percent of adults in the United States—11 percent more than in 2019—reported symptoms of anxiety or depressive disorder.¹ Furthermore, the pandemic is accelerating the number of opioid-related overdose deaths across the U.S.²

Even before the pandemic, Americans with behavioral health needs and substance use disorders faced barriers accessing the care they need. COVID-19 has only exacerbated those challenges as more people seek mental health treatment and more behavioral health organizations close their programs due to financial constraints.³

Senators Smith and Murkowski are proposing several bills to improve behavioral health access during the COVID-19 pandemic.

1. The **Stopping the Mental Health Pandemic Act** would authorize \$150 million in federal grant funding for States, Tribes, Tribal organizations, and community-based entities to address behavioral health needs during the COVID-19 pandemic. The Substance Abuse and Mental Health Services Administration (SAMHSA) would administer these grants for training, technology upgrades, surge capacity needs, emergency crisis intervention, suicide prevention, and outreach to underserved communities.*
2. The **Emergency Support for Substance Use Disorders Act** would authorize \$50 million in federal grant funding for States, Tribes, Tribal organizations, and community-based entities to address substance use disorders through harm reduction services. The Centers for Disease Control and Prevention (CDC) would help administer these grants and prioritize funding for areas with higher drug overdose death rates, telemedicine and workforce needs, prevention and recovery supports, and efforts to reduce stigma.**

These bills would prioritize awards for grantees that are culturally specific and intentional about serving populations where COVID-19 has had the most impact.

¹ Kaiser Family Foundation. (November 2020). Mental Health and Substance Use State Fact Sheets. Retrieved from <https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/>

² Centers for Disease Control and Prevention. (December 2020). Overdose Deaths Accelerated During COVID-19. Retrieved from <https://www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html>

³ National Council for Behavioral Health. (April 2020). COVID-19 Economic Impact on Behavioral Health Organizations. Retrieved from <https://www.thenationalcouncil.org/press-releases/behavioral-health-crisis-in-america-getting-worse-as-covid-19-forces-community-behavioral-health-care-organizations-to-cut-back/>

*The Stopping the Mental Health Pandemic Act is supported by RI International, Inc., American Psychiatric Association, NAMI, Kennedy Forum, International Society for Psychiatric Mental Health, American Psychological Association, National Council for Behavioral Health, Well Being Trust, National Association for Rural Mental Health, National Association of State Mental Health Program Directors, Anxiety and Depression Association of America, American Foundation for Suicide Prevention, American Association of Suicidology, Association for Behavioral Health and Wellness, SMART Recovery, NAADAC: the Association for Addiction Professionals, National Association of County Behavioral Health & Developmental Disability Directors, American Association on Health and Disability, Lakeshore Foundation, International OCD Foundation, Maternal Mental Health Leadership Alliance, Postpartum Support International, American Association for Marriage and Family Therapy, Clinical Social Work Association, Association of Child and Adolescent Psychiatry, The Jed Foundation, National Federation of Families, Eating Disorders Coalition for Research, The Emily Project, WithAll!, Consortium Representing Eating Disorders Care, Policy & Action, NAMI MN, St. Luke's, and Aliveness Project.

**The Emergency Support for Substance Use Disorders Act is supported by RI International, Inc., National Harm Reduction Coalition, NAADAC: the Association for Addiction Professionals, SMART Recovery, Drug Policy Alliance, NASTAD, AIDS United, National Council for Behavioral Health, Anxiety and Depression Association of America, American Foundation for Suicide Prevention, American Association of Suicidology, National Association of Behavioral Health and Developmental Disability Directors, Clinical Social Work Association, Eating Disorders Coalition for Research, The Emily Project, WithAll!, Consortium Representing Eating Disorders Care, National Association for Children's Behavioral Health, Maternal Mental Health Leadership Alliance, Policy & Action, Southside Harm Reduction, NAMI MN, St. Luke's, and Aliveness Project.