

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 fact, 45 percent of adults in the United States reported increased stress and worry due to the public health and economic implications of COVID-19.¹

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.²

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

1. The **COVID-19 Behavioral Health Support 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.

*Both bills are supported by: Eating Disorders Coalition, Residential Eating Disorders Consortium, National Alliance on Mental Illness (NAMI) Minnesota, National Association of State Mental Health Program Directors, Centerstone, Association for Ambulatory Healthcare, National Health Care for the Homeless Council, National Association for Children's Behavioral Health, Postpartum Support International, SMART Recovery, Clinical Social Work Association, American Dance Therapy Association, American Association for Psychoanalysis in Clinical Social Work, Association for Behavioral Health and Wellness, Emily Program, WithAll, National League for Nursing, American Association of Child & Adolescent Psychiatry, American Association for Marriage and Family Therapy, American Mental Health Counselors Association, International OCD Foundation, American Psychological Association, and Sandy Hook Promise.

**The Emergency Support for Substance Use Disorders Act is also supported by the Drug Policy Alliance, NASTAD, Minnesota Association of Community Mental Health Programs, Harm Reduction Coalition, Community Catalyst, and Southside Harm Reduction.

¹ Kirzinger, A., Kearney, A., Hamel, L., & Brodie, M. (April 2020). Kaiser Family Foundation Health Tracking Poll—Early April 2020: The Impact of Coronavirus on Life in America. Retrieved from <https://www.kff.org/coronavirus-covid-19/report/kff-health-tracking-poll-early-april-2020/>

² 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/>