



HARVARD LAW SCHOOL STUDENT BODY SPRING TERM TWO THOUSAND TWENTY-TWO



RESOLUTION NO. R.-205-006

AUTHORED BY: Soraia Esteves

SUPPORTED BY: Gabrielle Crofford

A RESOLUTION TO: RADICALLY INVEST IN MENTAL HEALTH CARE FOR STUDENTS

THE STUDENT BODY OF HARVARD LAW SCHOOL ENACTS:

WHEREAS, a 2017 survey of Harvard Law School students revealed that more than half of those students suffer from mild to severe depression and anxiety (Appendix 1); and

WHEREAS, that same survey revealed that only 55.1% of HLS students were aware of campus mental health resources, while 19.5% were concerned that seeking mental health help might impact their bar eligibility; and

WHEREAS, law students and lawyers are at elevated risk for alcoholism, depression, anxiety, and suicidal thoughts (Appendix 2); and

WHEREAS, a treasured member of the HLS community, Tommy Raskin, was lost to suicide just over a year ago on December 31, 2020, and is desperately missed by his peers, friends, and family (Appendix 3); and

WHEREAS, the pandemic has heightened mental health concerns around the globe, with the average share of adults reporting symptoms of anxiety and depressive disorders up from 11% in 2019 to 41% in 2021 (Appendix 4); and

WHEREAS, “virtual” law school has had mental health consequences for many students, especially those who were ejected from campus in 2020 or endured the extreme challenge of an online 1L year; and

WHEREAS, wait times for therapy appointments at Harvard have reached six weeks (Appendix 5), an unacceptably long period that puts students facing crisis in real danger; and

WHEREAS, in the face of these wait times, Counseling and Mental Health Services (CAMHS) routinely directs students to seek help from outside mental health providers, but does not provide any substantive assistance finding providers or contacting providers whose availability is difficult and time-consuming to ascertain; and

WHEREAS, the already-insufficient numbers of clinicians working at CAMHS have significantly diminished over the past couple of years, and the department faces persistent issues with “turnover” (Appendix 5); and

WHEREAS, the Student Government Co-Presidents have advocated for action on the HLS mental health crisis and CAMHS wait times in meetings on November 3, 2021, January 12, 2022, March 1, 2022, and March 22, 2022, with no substantial change despite these efforts; and

WHEREAS, the Well was created as a mental health resource for students, and while valuable, the Well does not provide and cannot replace necessary therapy, medication, or intervention for students; and

WHEREAS, HLS and Harvard University at large only run because of the substantial labor of graduate students in student organizations, leadership positions, and hired graduate teaching and assisting positions; and

WHEREAS, Harvard is the wealthiest university in the world, and has more-than-sufficient resources to completely overhaul the CAMHS office and the resources they provide students; and

THEREFORE, BE IT RESOLVED, Harvard Law School Student Government believes there to be a mental health crisis at Harvard Law School that warrants the utmost priority from HLS Administration and the Dean of Harvard Law School; and

BE IT FURTHER RESOLVED, Student Government calls on the Dean of Harvard Law School to advocate for radical university investment in Counseling and Mental Health Services, with the goal of ensuring fast, effective, free or low-cost mental health care for students across Harvard, recognizing this as a crucial investment in both Harvard's students and legacy; and

BE IT FURTHER RESOLVED, Student Government calls on the Dean of Harvard Law School to advocate for the urgent remediation of the wait times at CAMHS, preferably by expedient hiring of additional clinical staff regardless of cost; and

BE IT FURTHER RESOLVED, Student Government affirms the need for counselors of color and queer counselors to support the diverse members of our community.

PASSED IN THE STUDENT COUNCIL: March 23, 2022

VOTE TOTALS:

 11 YES

 0 NO

 0 ABSTAIN

Appendix 1



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Harvard Law School Dean Releases Student Well-Being Working Group Report



Wasserstein Hall, one of several Harvard Law School buildings, is located on Massachusetts Avenue.

By **Naomi S. Castellon-Perez**

By **Michelle C. Kuvilla**, *Crimson Staff Writer*

More than half of Harvard Law School students who responded to a 2017 mental health survey reported experiencing mild to severe depression and anxiety, according to a report released Friday by a Law School working group of faculty, staff, and students.

The report references aspects of a 2017 student **mental health survey** at the Law School, whose results student activists have long **called on administrators** to publish. The working group's report is accessible to affiliates of the school online.

HLS assembled the working group in fall 2018, tapping Marcia L. Sells, the Law School's dean of students, and Jessica L. Soban '02, the school's associate dean for strategic initiatives, to lead it.

"The Working Group met multiple times over the past year, examining data, consulting with members of the Law School and University communities, speaking with experts, and thinking creatively about how to promote student well-being," Law School Dean John F. Manning '82 wrote in an email to students Friday.

The group reported that 35 percent of Law School respondents to the survey screened positive for mild depression, 15.6 percent for moderate depression, 5.8 percent for moderately severe depression, and 3.6 percent for severe depression. The survey also found 15.1 percent of Law School respondents screened positive for moderate anxiety and 9.1 percent screened positive for severe anxiety.

Administered anonymously, the Law School conducted the survey in coordination with the school's student government and then-Executive Director of Harvard University Health Services Paul J. Barreira between November 16, 2017 and January 19, 2018.

Roughly 44 percent of law school students across cohorts responded to the survey. Participation rates varied by class year and program: 44.1 percent of first-year Law School students took the survey, compared to 49.3 percent of second-year students, 42.2 percent of third-year students, and 33.9 percent of

Manning wrote in his email to students that the report provides a sense of where the Law School stands in the broader context of the legal profession, legal education, and graduate education.

“Through a series of thoughtful recommendations, the Working Group also lays out an initial framework for addressing the mental health and well-being challenges on our campus,” Manning wrote. “They further identify some things we can do right away to improve student well-being.”

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The survey also asked three questions related to suicide, including a question asking whether respondents had considered committing suicide at any time during their life.

Barreira — who currently directs graduate student mental health initiatives — wrote in a letter to the working group that he now believes the data from those questions is flawed and does not accurately measure current risk. The report does not include any of the data from the suicide-related questions.

“In the initial administration of the mental health graduate student survey in 2016 and 2017, I used the Suicidal Behaviors Questionnaire-Revised to assess level of suicidality,” Barreira wrote. “After the administration of two surveys, however, I realized that I was unintentionally measuring primarily life-time risk of suicidality, rather than current risk.”

Addressing sleep, exercise, and alcohol use, the working group’s report found that respondents were not practicing “adequate” self-care.

Just over 40 percent of respondents reported that “they do not feel rested when

they do not meet the American Heart Association guidelines for exercise. 37.5 percent screened positive for problematic drinking.

The report stated that environmental factors — including the “imposter phenomenon,” social support and loneliness, and feeling overwhelmed — may factor into the survey’s results and could provide potential “areas for intervention.” It also noted that only 55.1 percent of respondents were aware of available campus mental health resources, while 19.5 percent reported concerns that seeking mental health help might impact their bar eligibility.

The working group also compiled a list of recommendations to “support well-being and mental health at both HLS and the University.” The recommendations included expanding avenues to workshops and clinical care, fostering a cohesive Harvard Law School community to support students' well-being, advocating to eliminate mental health questions from bar applications, and more effectively communicating available resources and services.

“Although we can never eliminate stress or worry entirely, we can aspire to reduce the stigma associated with mental health challenges, to help students better care for themselves and their peers, and to provide the robust continuum of wellness and mental health resources that students need to thrive at HLS,” the report reads.

Since 2016, Harvard University Health Services has conducted multiple graduate and professional school mental health surveys. The Law School’s report references data collected in those surveys to contextualize its own statistics.

In a November interview, Barierra said mental health surveys of College freshmen and five departments across the Graduate School of Arts and Sciences showed **significant signs of depression and anxiety**. Prevalence rates of depression across the surveyed graduate departments ranged from 15 percent to 30 percent, while prevalence rates of anxiety ranged from a 13.2 percent to 30 percent. The surveys had an average response rate of 63.5 percent.

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“There's a small percentage of students across the University, just graduate students, who we would want every one of them to be in treatment or at least getting an evaluation,” Barreira said in November.

Since 2018, the Law School has created programming that promotes self-care, including new clinical drop-in hours at Pound Hall, expanded grief support groups, and more mental health training for student advisors, according to the report.

In 2019, HUHS piloted **same day appointments** at Counseling and Mental Health Services, which are single 30-minute counseling sessions to discuss non-urgent issues. The appointments are for students not already seeing a clinician. CAMHS and the Undergraduate Council also launched an anonymous and confidential **online screening tool** for depression, eating disorders, alcohol use, anxiety, and Post Traumatic Stress Disorder earlier this year.

The working group concluded that the Law School can do more to support students.

“Despite the efforts undertaken by HLS in the relatively short period since the 2017-2018 survey, it is clear that more can and should be done to support student well-being and mental health at both HLS and the University,” the report reads. “Both have taken up the challenge in parallel.”

Staff Writer: Michael C. K...
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New study on lawyer well-being reveals serious concerns for legal profession

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The findings of two 2016 studies that revealed high rates of substance use and mental health disorders among law students and lawyers have put the issue of lawyer well-being front and center for the profession.

“The results were profound, and we determined that something needed to be done,” said Tracy Kepler, director of the ABA Center for Professional Responsibility and moderator of the ABA webinar, [“The Path to Lawyer Well-Being: Practical Recommendations for Positive Change.”](#)

Joining Kepler were the two co-chairs of the [National Task Force on Lawyer Well-Being](#) – Bree Buchanan, director of the State Bar of Texas Lawyers’ Assistance Program, and James C. Coyle, attorney regulation counsel of the Colorado Supreme Court.

The task force was formed in response to both studies, and the group’s report, [“The Path to Lawyer Well-Being: Practical Recommendations for Positive Change,”](#) was published in August 2017. This groundbreaking initiative of the [Commission on Lawyers Assistance Programs](#), National Organization of Bar Counsel and Association of Professional Responsibility Lawyers puts into action the group’s mission of “creating a movement to improve the health and well-being of the legal profession.” The task force, comprised of nonprofit groups that include law professors and deans, law students, lawyers, judges and bar leaders, was developed in response to two studies published in 2016:

- [“The Prevalence of Substance Use and Other Mental Health Concerns Among American Attorneys”](#)
- [“Suffering in Silence: The Survey of Law Student Well-Being and the Reluctance of Law Students to Seek Help for Substance Use and Mental Health Concerns”](#)

Buchanan outlined the findings of “Suffering in Silence,” which surveyed 3,300 law students from 15 law schools. The survey found that:

- 25 percent of law students are at risk for alcoholism
- 17 percent of law students suffer from depression
- 37 percent of law students report mild to severe anxiety
- 6 percent of law students report having suicidal thoughts in the last year

Another devastating finding is the culture of secrecy that surrounds substance use among law students. “Law students will not ask for help,” Buchanan said. “They are terrified of somebody finding out that they have a problem, which will result in their not being admitted to the bar or not being able to get a job. It’s really about the stigma that attaches to this issue.”

The outlook didn’t improve for practicing lawyers. More than 13,000 working lawyers responded to the survey, and reported that:

- 28 percent lawyers suffered from depression
- 19 percent of lawyers had severe anxiety
- 11.4 percent of lawyers had suicidal thoughts in the previous year

“At some point in their career, 11.4 percent felt that suicide might be a solution to their issues,” Buchanan said. Task force members were surprised to learn how much substance use and abuse, depression and anxiety were affecting younger lawyers. “The younger the lawyer, the greater the rate of impairment,” Buchanan said. “The good news is the older the lawyer, the rates of depression and substance use declined.”

These numbers paint a dark picture of the health of those in the legal profession, which begs the question, what can be done about it? “We must try to change the culture of the legal profession,” Coyle said. The task force generated 44 practical recommendations directed to various legal stakeholders such as judges, regulators, law firms, law schools, bar associations, professional liability carriers and lawyer assistance programs, all in an effort to change the culture and profession surrounding attorney well-being.

The report's recommendations focus on five central themes:

- 1 Identify stakeholders and the role each of them can play in reducing the level of toxicity in the legal profession;
- 2 Eliminate the stigma associated with help-seeking behaviors;
- 3 Emphasize that well-being is an indispensable part of a lawyer's duty of competence;
- 4 Educate lawyers, judges and law students on lawyer well-being issues;
- 5 Take small, incremental steps to change how law is practiced and how lawyers are regulated to instill greater well-being in the profession.

The recommendations provide action plans with simple checklists to help each stakeholder inventory their current system and explore the recommendations relevant to their group.

To effectively address the problem, the task force knew that targeting law schools was critical, as graduating law students about to enter the profession are at great risk of developing substance use and mental health problems.

"How do we change law firm culture so that it's more rewarding and more productive for everybody involved?" Coyle asked, adding that despite the great challenges faced by the task force, there is also great opportunity to improve the lives of lawyers and law students.

The task force came up with three reasons why changes are necessary now:

- 1 **Organizational effectiveness.** "It makes good business sense for a firm's lawyers to be healthy," Buchanan said.

Ethical integrity. "It's good for clients. You need to be well to be a competent attorney."

Between 40 percent and 70 percent of disciplinary proceedings and malpractice claims

against attorneys involve substance abuse or depression or both.

3 Humanitarian reasons. Promoting well-being is good for lawyers and their families, and good for the profession. “It’s the right thing to do,” Buchanan said. “Too many of us are living unfulfilled lives,” and untreated problems are ruining lives and careers.

Among the task force recommendations is acknowledging the problem and taking responsibility. “Every sector must support lawyer well-being,” Kepler said. She encourages law leaders to move from being passive deniers to assuming a role of proactive support for change.

Another is to minimize the stigma by talking about the problem openly and reaching out to someone you know who needs help. Support lawyer-assistance programs, which do “amazing” work, Coyle said, even as a volunteer.

Also recommended is de-emphasizing alcohol at legal functions and events. Anyone in recovery will not attend such events, so this recommendation encourages finding alternative activities that promote well-being. “This isn’t the era of ‘Mad Men’ anymore,” Buchanan said.

TOPIC:

PROFESSIONAL DEVELOPMENT

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Appendix 3

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Harvard Remembers Tommy Raskin, an 'Extraordinary Young Person' with a 'Perfect Heart' And 'Dazzling Radiant Mind'

Relentlessly passionate about aiding the global poor, Thomas B. "Tommy" Raskin's friends and family said they will remember him as a visionary who displayed an intense commitment to justice and the truth.

BY EMMY M. CHO AND ALEXANDRA TOPIC

January 18, 2021



Thomas B. "Tommy" Raskin, second from left, with his family. By [Courtesy of the Raskin Family](#)

During a section discussion in the famed Harvard course "Justice" this fall, Suuba M. Demby '22 remembers her teaching fellow — Thomas B. "Tommy"

What set Raskin apart, though, was that he did not just talk about creating a more just world, he lived his life in pursuit of that goal, Demby said. For that reason, when she learned a few weeks later that Raskin had donated to the anti-poverty organization Oxfam in the names of each of his students, she was not necessarily surprised, but simply “impressed and taken aback by how authentic he was as a person.”

Raskin, a second year student at Harvard Law School, **died Dec. 31** at the age of 25. The cause of death was suicide after a long battle with depression, according to a family spokesperson.

Relentlessly passionate about aiding the global poor, Raskin’s friends and family said they will remember him as a visionary who displayed an intense commitment to justice and the truth, yet had an easy way of talking with people that made them feel heard and respected.

Demby’s perception of Raskin’s passion to make the world a better place was shared by his family and friends.

“College is a time when people do think about moral philosophy and morality, and that’s wonderful,” his father, U.S. Rep. Jamin Ben “Jamie” Raskin ’83 (D-Md.), said in an interview with The Crimson. “But oftentimes these reflections and deliberations stay academic — Tommy always wanted to make sure he was translating the beliefs he arrived at into practice.”

Jamie Raskin and his wife Sarah B. Raskin, both Harvard Law School graduates, penned a **moving tribute** to their son earlier this month, remembering a young man with “a perfect heart, a perfect soul, a riotously courageous and relentless sense of humor, and a dazzling radiant mind.”

Raskin graduated from Amherst College in 2017, where he majored in History, helped lead the Amherst Political Union, won the Kellogg Prize, and wrote “a compelling senior thesis on the intellectual history of the animal rights movement,” his parents wrote in the tribute.

In addition to serving as a teaching fellow in General Education 1171: “Justice: Ethics in an Age of Pandemic and Racial Reckoning” this fall, Raskin was a

Jamie Raskin said he and his family appreciate the support that Harvard — particularly his son's Law School friends — has shown following his son's death.

"It's obvious that there are lots and lots of hearts that were broken in section two at Harvard Law School — he made wonderful friends there and these people will be a part of our extended family for the rest of our lives," he said.

'A Buoyant Love of Teaching and Learning'

Nancy A. Fairbank, a second year law student, said she first met Raskin in her 1L Section, a collection of approximately 75 students that take classes together in their first year of law school. She recalled Raskin had a special gift for putting people at ease in his presence, even amid the intensity of Law School classes.

"Law school can be intimidating and stressful and confusing, especially in the first year, and Tommy just had a way of warming up whatever room he was in," Fairbank said.

Raskin's sense of humor shined through when professors called on him out of the blue — a staple of law school classes.

"Tommy not only always had a great answer, but said it in a very distinctly Tommy way that always made us laugh and brought a little bit of levity — much needed levity — to the classroom," Fairbank said. "He never proselytized or preached, he would just hold quietly firm in his own dedication to justice in a way that made everyone else want to stand by his side."

Rachel S. Casper, a second year law student and friend of Raskin's, recalled one particular cold call during a class on tort law, in which students were notoriously addressed with honorifics. During a back and forth with the professor, the professor suddenly referred to Raskin as "Tommy" instead of "Mr. Raskin," which Casper said had never happened before in the course.

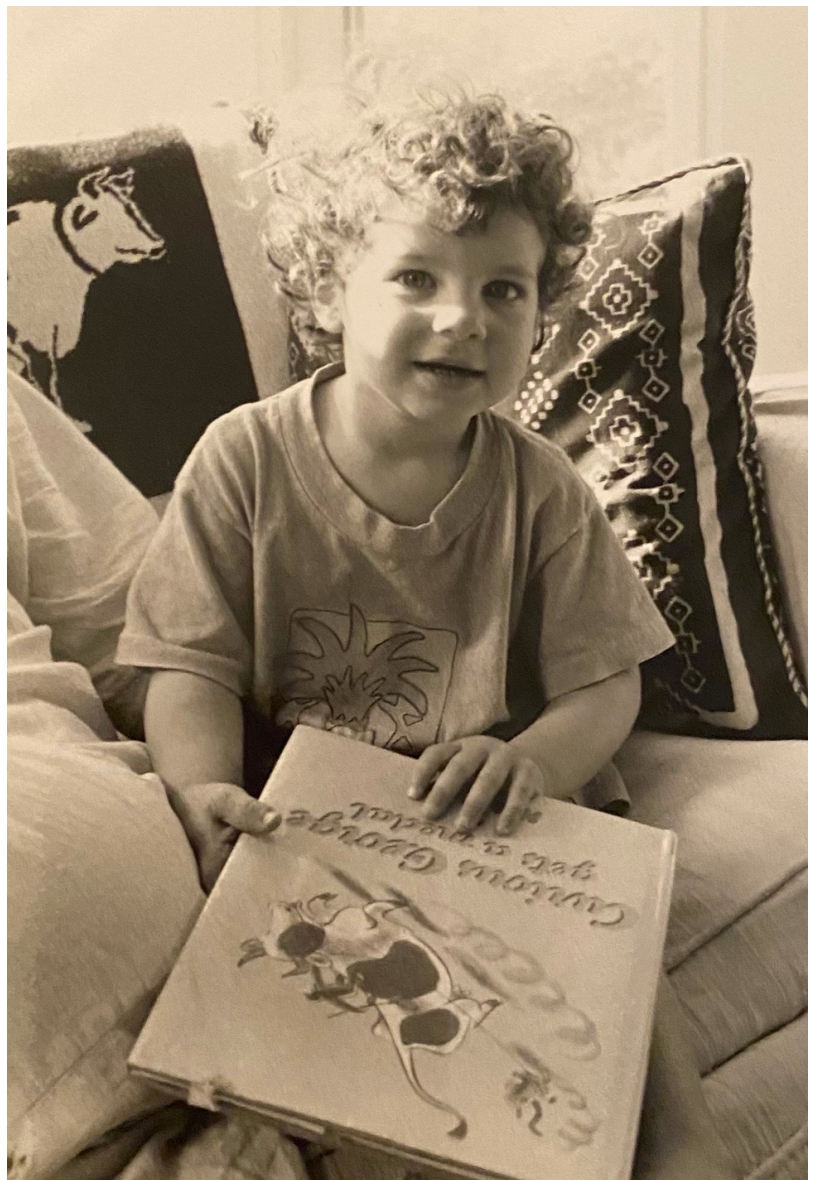
"The whole class burst into laughter," Casper said. "Tommy sat up straighter with a sly little smile and made some joke about how I guess we were dropping the pleasantries."

everybody else remained “Mr. or Mrs. or whatever it might be,” she said.

Raskin was also known for his “extreme” love for the word game Big Boggle and would often invite his classmates to play with him, Casper said.

Faculty whom Raskin worked with said his commitment to justice and the law was evident in his classroom interactions.

“Tommy embodied the joy of learning for its own sake,” Law School Professor Carol S. Steiker ’82, who taught Raskin in “Criminal Law,” wrote in an email. “Not to compete, to succeed, or to fulfill requirements, but to understand, and to make a difference.”



A young Tommy Raskin. By [Courtesy of the Raskin Family](#)

“I feel privileged to have known and taught this extraordinary young person,” she added.

Professor Michael J. Sandel — who teaches the “Justice” course — wrote in an email that Raskin possessed “a buoyant love of teaching and learning” and that his presence as a teaching fellow was especially vital during a semester of remote learning.

“From the time I first met him, as we contemplated the possibility of his joining the Justice teaching team, his passion for philosophy, and for justice, was unmistakable,” Sandel wrote. “I instantly saw him as someone who would

'A Radiant Light in This Broken World'

Michelle Kim, a third-year law student and the vice president of Effective Altruism, said she wished she could have paralleled Raskin's unique ability to fight tirelessly for causes most people forget about — animal rights and the global poor — but without despair.

"[Tommy] wasn't plagued with the cynicism and fatigue that I was plagued with, and had so much optimism and passion and openness to the world," Kim said. "I wish I could resemble some of the fearless and compassionate engagement that he had with everyone he interacted with."

Third-year law student Andrew H. Stawasz, who serves as president of Effective Altruism, said he was blown away not only by Raskin's intelligence — "by Harvard standards, I think Tommy was just unbelievable" — but also by Raskin's keen ability to facilitate deep conversation.

"I'm not joking when I say within five minutes of shaking hands, he had already plunged the conversation into tricky debates, and not harsh debates, but really intellectually and morally rich debates about finer points of animal ethics," said Stawasz, who met Raskin at Animal Outlook — an animal advocacy nonprofit.

An impassioned animal rights activist, Raskin also practiced veganism and recruited dozens of people to the cause, his parents wrote in their tribute.

Raskin was a notable speaker and member of national animal rights organizations. Daina Bray, who supervised Raskin during his internship at the nonprofit Mercy for Animals this past summer, recalled that during a constitutional law presentation Raskin gave to an American Bar Association subcommittee, he "impressed seasoned animal lawyers with his professionalism and legal analysis."

Alex Hershaft, president of Farm Animal Rights Movement, said Raskin acted consistently with his beliefs.

"We all have certain views of morality and virtue and we like to talk about it — Tommy actually did it," Hershaft said. Raskin's death is a "huge loss to the vegan movement and the future of animals everywhere," he added.



A young Tommy Raskin with his father, U.S. Rep. Jamin Ben "Jamie" Raskin '83 (D-Md.). By [Courtesy of the Raskin Family](#)

to inspire even those who did not know him personally to fight for the causes he believed in.

"My son had a pure heart, and a sparkling goodness about him — it was a remarkable thing just to be in his presence and company," Raskin said. "Even in his death, [Tommy] has managed to mobilize and catalyze huge amounts of attention and resources to the causes that he lived."

Kari H. McDonough, a Maryland resident who lives in Jamie Raskin's district, started "the Acts of Goodness in Honor of Tommy Raskin Initiative" shortly after Raskin's death, writing a [public Facebook post](#) asking others to share an act of kindness done in Raskin's honor. While the project

began locally, it has expanded to include more than 1,500 people from at least 45 states, Washington D.C., Puerto Rico, and 20 countries outside the U.S. as of Jan. 15.

"Though I never met Tommy Raskin I was moved by his life, and his commitment to doing good," McDonough wrote in an email.

'I Wanted Them to See That the Truth is True'

Demby, the undergraduate in Raskin's "Justice" section, said she will remember him as a "selfless, light-hearted human being."

“student-focused” and “really cared about the well-being and success” of those enrolled.

The personalized donations Raskin made to the charity Oxfam on behalf of his students were just another example of that.

“I’ve never gotten that kind of gift from anyone before, especially a teacher and someone who I’ve never met in person,” said Lucas T. Gazianis ’24, another student in Raskin’s section. “I can probably speak for a lot of us when I say that he really was a model for how to be generous. I think he really showed all of us that selflessness is an amazing virtue, and I think he embodied it wonderfully.”



Tommy Raskin. By [Courtesy of Friends Committee On National Legislation](#)

Demby added that after Raskin passed away, students in his section decided to donate to Oxfam in his memory.

“By him making that action and reservation on behalf of all of us, he was showing, ‘No, you can actually practice what you preach. You can embody the values that you possess,’” Demby said. “That was really meaningful to me and the other students in my section.”

Jamie Raskin described his son’s donation as emblematic of his personality.

“Tommy was most moved by people who thought rigorously and systematically about morality and then acted upon their values and beliefs,” he said. “He had an extraordinary moral sense and he wrote dozens and dozens of essays just for

When Jamie Raskin asked his son why he had donated in the names of his students, Tommy Raskin responded:

“I wanted them to see that the truth is true.”

—Staff writer Emmy M. Cho can be reached at emmy.cho@thecrimson.com.

—Staff writer Alexandra Topic can be reached at alexandra.topic@thecrimson.com.

If you or someone you know needs help at Harvard, contact Counseling and Mental Health Services at (617) 495-5711 or the Harvard University Police Department at (617) 495-1212. Room 13 Peer Counseling is offering virtual confidential peer conversations during the pandemic; visit its website [here](#).

You can also call the National Suicide Prevention Lifeline at 800-273-TALK (8255) or text the Crisis Text Line at 741741.

TAGS

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Appendix 4

The Implications of COVID-19 for Mental Health and Substance Use

Nirmita Panchal (<https://www.kff.org/person/nirmita-panchal/>) ,

Rabah Kamal (<https://www.kff.org/person/rabah-kamal/>) ,

Cynthia Cox (<https://www.kff.org/person/cynthia-cox/>) (<https://twitter.com/cynthiacox>) , and

Rachel Garfield (<https://www.kff.org/person/rachel-garfield/>)

Published: Feb 10, 2021

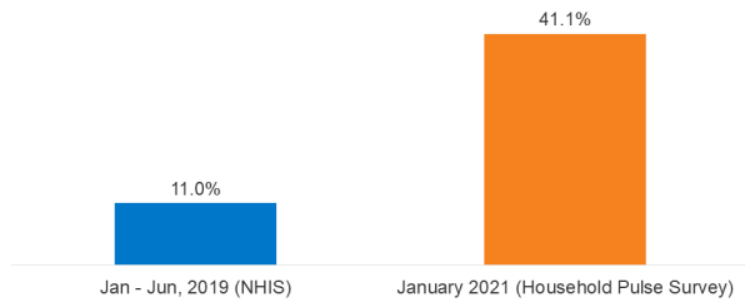


ISSUE BRIEF

The COVID-19 pandemic and the resulting economic recession have negatively affected many people's mental health and created new barriers for people already suffering from mental illness and substance use disorders. During the pandemic, about 4 in 10 (<https://www.kff.org/other/state-indicator/adults-reporting-symptoms-of-anxiety-or-depressive-disorder-during-covid-19-pandemic/>) adults in the U.S. have reported symptoms of anxiety or depressive disorder, a share that has been largely consistent, up from one in ten (<https://www.cdc.gov/nchs/data/nhis/earlyrelease/ERmentalhealth-508.pdf>) adults who reported these symptoms from January to June 2019 (Figure 1). A KFF Health Tracking Poll (<https://www.kff.org/coronavirus-covid-19/report/kff-health-tracking-poll-july-2020/>) from July 2020 also found that many adults are reporting specific negative impacts on their mental health and well-being, such as difficulty sleeping (36%) or eating (32%), increases in alcohol consumption or substance use (12%), and worsening chronic conditions (12%), due to worry and stress over the coronavirus. As the pandemic wears on, ongoing and necessary public health measures expose many people to experiencing situations linked to poor mental health outcomes, such as isolation (<https://www.cdc.gov/mentalhealth/learn/index.htm>) and job loss (<https://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html>).

Figure 1

Average Share of Adults Reporting Symptoms of Anxiety Disorder and/or Depressive Disorder, January-June 2019 vs. January 2021



NOTES: Percentages are based on responses to the GAD-2 and PHQ-2 scales. Pulse findings (shown here for January 6 – 18, 2021) have been stable overall since data collection began in April 2020.
SOURCE: NHIS Early Release Program and U.S. Census Bureau Household Pulse Survey. For more detail on methods, see: <https://www.cdc.gov/nchs/data/nhis/earlyrelease/ERmentalhealth-508.pdf>

KFF

Figure 1: Average Share of Adults Reporting Symptoms of Anxiety Disorder and/or Depressive Disorder, January-June 2019 vs. January 2021

This brief explores mental health and substance use during, and prior to, the COVID-19 pandemic. It focuses on populations that were particularly at risk for experiencing negative mental health or substance abuse consequences during the pandemic, including young adults, people experiencing job loss, parents and children, communities of color, and essential workers. We draw on KFF analysis of data from the Census Bureau's Household Pulse Survey (<https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>) (an ongoing survey created to capture data on health and economic impacts of the pandemic), KFF Health Tracking Poll data, and data on mental health prior to the COVID-19 pandemic. Key takeaways include:

- Young adults have experienced a number of pandemic-related consequences, such as closures of universities and loss of income, that may contribute to poor mental health. During the pandemic, a larger than average share of young adults (ages 18-24) report symptoms of anxiety and/or depressive disorder (56%). Compared to all adults, young adults are more likely to report substance use (25% vs. 13%) and suicidal thoughts (26% vs. 11%). Prior to the pandemic, young adults were already at high risk of poor mental health and substance use disorder, though many did not receive treatment.
- Research from prior economic downturns shows that job loss is associated with increased depression, anxiety, distress, and low self-esteem and may lead to higher rates of substance use disorder and suicide. During the pandemic, adults in households with job loss or lower incomes report higher rates of symptoms of mental illness than those without job or income loss (53% vs. 32%).
- Research during the pandemic points to concerns around poor mental health and well-being for children and their parents, particularly mothers, as many are experiencing challenges with school closures and lack of childcare. Women with children are more likely to report symptoms of anxiety and/or depressive disorder than men with children (49% vs. 40%). In general, both prior to, and

during, the pandemic, women have reported higher rates of anxiety and depression compared to men.

- The pandemic has disproportionately affected the health of communities of color. Non-Hispanic Black adults (48%) and Hispanic or Latino adults (46%) are more likely to report symptoms of anxiety and/or depressive disorder than Non-Hispanic White adults (41%). Historically, these communities of color have faced challenges accessing mental health care.
- Many essential workers continue to face a number of challenges, including greater risk of contracting the coronavirus than other workers. Compared to nonessential workers, essential workers are more likely to report symptoms of anxiety or depressive disorder (42% vs. 30%), starting or increasing substance use (25% vs. 11%), and suicidal thoughts (22% vs. 8%) during the pandemic.

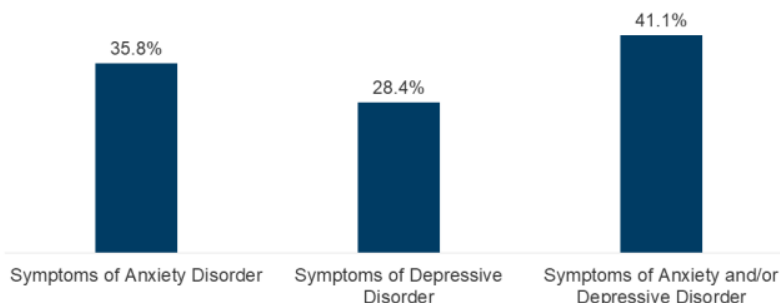
Both those newly experiencing mental health or substance abuse disorders and those already diagnosed before the pandemic may require mental health and substance use services but could face additional barriers because of the pandemic.

Prevalence of Mental Illness and Substance Use Disorder During the Pandemic

During the COVID-19 pandemic, concerns about mental health and substance use have grown, including concerns about suicidal ideation. In January 2021, 41% of adults reported symptoms of anxiety and/or depressive disorder (Figure 2), a share that has been largely stable since spring 2020. In a [survey](https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm?s_cid=mm6932a1_w) (https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm?s_cid=mm6932a1_w) from June 2020, 13% of adults reported new or increased substance use due to coronavirus-related stress, and 11% of adults reported thoughts of suicide in the past 30 days. [Suicide rates](https://www.healthaffairs.org/doi/10.1377/hpb20201228.198475/full/) (https://www.healthaffairs.org/doi/10.1377/hpb20201228.198475/full/) have long been on the rise and may worsen due to the pandemic. Early 2020 data show that drug overdose deaths were particularly [pronounced](https://emergency.cdc.gov/han/2020/han00438.asp?ACSTrackingID=USCDC_511-DM44961&ACSTrackingLabel=HAN%20438%20-%20General%20Public&deliveryName=USCDC_511-DM44961) (https://emergency.cdc.gov/han/2020/han00438.asp?ACSTrackingID=USCDC_511-DM44961&ACSTrackingLabel=HAN%20438%20-%20General%20Public&deliveryName=USCDC_511-DM44961) from March to May 2020, coinciding with the start of pandemic-related lockdowns.

Figure 2

Share of Adults Reporting Symptoms of Anxiety or Depressive Disorder During the COVID-19 Pandemic



NOTES: These adults, ages 18+, have symptoms of anxiety or depressive disorder that generally occur more than half the days or nearly every day. Data shown is for January 6 – 18, 2021.
SOURCE: U.S. Census Bureau, Household Pulse Survey, 2020 – 2021.

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Figure 2: Share of Adults Reporting Symptoms of Anxiety or Depressive Disorder During the COVID-19 Pandemic

As was the case prior to the pandemic, adults in poor general health (which may reflect both physical and mental health) continue to report higher rates of anxiety and/or depression than adults in good general health.¹(<https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/view/footnotes/#footnote-510918-1>);²(<https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/view/footnotes/#footnote-510918-2>) For people with chronic illness in particular, the already high likelihood of having a concurrent **mental health disorder** (<https://www.rwjf.org/en/library/research/2011/02/mental-disorders-and-medical-comorbidity.html>) may be exacerbated by their vulnerability to severe illness from COVID-19. Recently, a **study** ([https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30462-4/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30462-4/fulltext)) also found that 18% of individuals (including people with and without a past psychiatric diagnosis) who received a COVID-19 diagnosis were later diagnosed with a mental health disorder, such as anxiety or mood disorders. Older adults are also more vulnerable to severe illness from coronavirus and have experienced **increased** (<https://www.kff.org/medicare/issue-brief/one-in-four-older-adults-report-anxiety-or-depression-amid-the-covid-19-pandemic/>) levels of anxiety and depression during the pandemic.

Mental distress during the pandemic is occurring against a backdrop of high rates of mental illness and substance use that existed prior to the current crisis. Prior to the pandemic, **one in ten** (<https://www.cdc.gov/nchs/data/nhis/earlyrelease/ERmentalhealth-508.pdf>) adults reported symptoms of anxiety and/or depressive disorder. Nearly one in five U.S. adults (**47 million** (<https://www.kff.org/other/state-indicator/adults-reporting-any-mental-illness-in-the-past-year/>)) reported having any mental illness. In 2018, over 48,000 Americans died by suicide,³(<https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/view/footnotes/#footnote->

510918-3) and on average across 2017 and 2018, nearly eleven million adults reported having serious thoughts of suicide (<https://www.kff.org/other/state-indicator/adults-reporting-having-serious-thoughts-of-suicide-in-the-past-year/>) in the past year. Additionally, deaths due to drug overdose (<https://www.cdc.gov/drugoverdose/epidemic/index.html>) were four times higher in 2018 than in 1999, driven by the opioid crisis.

There are a variety of ways the pandemic has likely affected mental health, particularly with widespread social isolation resulting from necessary safety measures. A broad body of research (<https://www.sciencedirect.com/science/article/abs/pii/S0033350617302731>) links social isolation and loneliness to both poor mental and physical health. The widespread experience of loneliness became a public health concern even before the pandemic, given its association (<https://www.washingtonpost.com/news/on-leadership/wp/2017/10/04/this-former-surgeon-general-says-theres-a-loneliness-epidemic-and-work-is-partly-to-blame/>) with reduced lifespan and greater risk of both mental and physical illnesses. A KFF Health Tracking Poll (<https://www.kff.org/health-reform/report/kff-health-tracking-poll-early-april-2020/>) conducted in late March 2020, shortly after many stay-at-home orders were issued, found those sheltering-in-place were more likely to report negative mental health effects resulting from worry or stress related to coronavirus compared to those not sheltering-in-place.

Some prior epidemics have induced general stress (<https://www.paho.org/en/documents/protecting-mental-health-during-epidemics>) and led to new mental health and substance use issues. As the COVID-19 pandemic continues, different populations are at increased risk to experience poor mental health and may face challenges accessing needed care.

Young Adults

Throughout the pandemic, anxiety, depression, sleep disruptions, and thoughts of suicide have increased (<http://www.kateto.net/covid19/COVID19%20CONSORTIUM%20REPORT%2023%20MENTAL%20HEALTH%20NOV%202020.pdf>) for many young adults. They have also experienced a number of pandemic-related consequences – such as closures of universities, transitioning to remote work, and loss of income or employment – that may contribute to poor mental health. KFF analysis of the Household Pulse Survey finds that throughout the pandemic, a large share of young adults (ages 18-24) have reported symptoms of anxiety and/or depressive disorder – 56% as of December 2020 – compared to older adults (Figure 3).

Figure 3: Share of Adults Reporting Symptoms of Anxiety and/or Depressive Disorder During the COVID-19 Pandemic, by Age

An earlier [survey](https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm?s_cid=mm6932a1_w) (https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm?s_cid=mm6932a1_w) from June 2020 showed similar findings for young adults relative to all adults. The survey also found that substance use and suicidal ideation are particularly pronounced for young adults, with 25% reporting they started or increased substance use during the pandemic (compared to 13% of all adults), and 26% reporting serious thoughts of suicide (compared to 11% of all adults). Prior to the coronavirus outbreak, young adults were already at high risk of poor mental health and substance use disorder, yet many did not receive [treatment](https://www.samhsa.gov/young-adults) (<https://www.samhsa.gov/young-adults>).

Adults Experiencing Job Loss or Income Insecurity

Throughout the pandemic, many people across the country have experienced job or income loss, which has generally affected their mental health. Adults experiencing household job loss during the pandemic have consistently [reported](https://www.kff.org/other/state-indicator/adults-reporting-symptoms-of-anxiety-or-depressive-disorder-during-the-covid-19-pandemic-by-household-job-loss/) (<https://www.kff.org/other/state-indicator/adults-reporting-symptoms-of-anxiety-or-depressive-disorder-during-the-covid-19-pandemic-by-household-job-loss/>) higher rates of symptoms of anxiety and/or depressive disorder compared to adults not experiencing household job loss (53% vs. 32%, respectively; Figure 4). Similarly, findings from the December [KFF Health Tracking Poll](https://www.kff.org/coronavirus-covid-19/report/kff-health-tracking-poll-december-2020/) (<https://www.kff.org/coronavirus-covid-19/report/kff-health-tracking-poll-december-2020/>) show that households experiencing income or job loss are significantly more likely to report that worry or stress over the coronavirus outbreak has negatively impacted their mental health.

Figure 4: Share of Adults Reporting Symptoms of Anxiety and/or Depressive Disorder During the COVID-19 Pandemic, by Household Job Loss Status

In addition to increased [anxiety and depression](https://www.sciencedirect.com/science/article/abs/pii/S0001879109000037) (<https://www.sciencedirect.com/science/article/abs/pii/S0001879109000037>), job loss may lead to other adverse mental health outcomes, such as [substance use disorder](https://www.theatlantic.com/health/archive/2017/07/how-job-loss-can-lead-to-drug-use/534087/) (<https://www.theatlantic.com/health/archive/2017/07/how-job-loss-can-lead-to-drug-use/534087/>). During the previous recession, the high unemployment rate was also [associated](https://www.ncbi.nlm.nih.gov/pubmed/24925987) (<https://www.ncbi.nlm.nih.gov/pubmed/24925987>) with increases in suicides. A KFF Health Tracking Poll conducted in mid-July 2020 found that, compared to households with no lost income or employment, a higher share of households experiencing income or job loss reported that pandemic-related worry or stress caused them to experience at least one adverse effect on their mental health and well-being, such as difficulty sleeping or eating, increases in alcohol consumption or substance use, and worsening chronic conditions (46% vs. 59%, respectively).⁴ (<https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/view/footnotes/#footnote-510918-4>)

KFF Health Tracking Polls conducted during the pandemic have also found that people with lower incomes are generally more likely to report major negative mental health impacts from worry or stress over the coronavirus. In December 2020, 35% of those earning less than \$40,000 reported experiencing a major negative mental health impact, compared to 21% of those with incomes between \$40,000 to \$89,999 and 17% of those making \$90,000 or more (Figure 5).

Figure 5: Percent of Adults Who Say Worry or Stress Related to the Coronavirus Has Had a Negative Impact on Their Mental Health, by Household Income

Parents and Children

To help slow the spread of coronavirus, many (<https://hunt-institute.org/covid-19-resources/k-12-reopening-plans-by-state/>) schools and childcare centers across the U.S. have closed (<https://www.wsj.com/articles/coronavirus-closes-school-for-nearly-30-million-children-in-u-s-11584356400>) and transitioned (<https://www.npr.org/sections/coronavirus-live-updates/2020/10/22/926757172/a-rising-number-of-u-s-children-have-the-option-of-in-person-school>) to virtual instruction for at least some time. With these closures, children and their parents are experiencing ongoing disruption and changes to their daily routines. Research during the pandemic highlights concerns around poor mental health and well-being for children and their parents. For example, many parents with school-aged children are now more concerned about their children's emotional well-being (<https://www.pewsocialtrends.org/2020/10/29/most-parents-of-k-12-students-learning-online-worry-about-them-falling-behind/>) than prior to the pandemic. Both parents and their children have experienced (<https://pediatrics.aappublications.org/content/146/4/e2020016824>) worsening mental health since the start of the pandemic, and women with children are more likely than their male counterparts to report worsening mental health.

Throughout the pandemic, we find that adults in households with children under the age of 18, compared to adults in households without, are slightly more likely to report symptoms of anxiety and/or depressive disorder (45% vs. 41%, respectively, as of December 2020).⁵ (<https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/view/footnotes/#footnote-510918-5>) Specifically, among households with children under the age of 18, women have been more likely than men to report symptoms of anxiety and/or depressive disorder throughout the pandemic (as of December 2020, 49% vs. 40%, respectively; Figure 6). Similarly, KFF Health Tracking Polls conducted during the pandemic have generally found that among parents, women are more likely than men to report negative mental health impacts.⁶ (<https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/view/footnotes/#footnote-510918-6>)

Figure 6: Share of Adults in Households with Children Under the Age of 18 Who Report Symptoms of Anxiety and/or Depressive Disorder During the COVID-19 Pandemic, by Gender

Throughout the pandemic, women have been more likely to report poor mental health compared to men. For example, 47% of women reported (<https://www.kff.org/other/state-indicator/adults-reporting-symptoms-of-anxiety-or-depressive-disorder-during-the-covid-19-pandemic-by-gender/>) symptoms of anxiety and/or depressive disorder compared to 38% of men in December 2020. Among women (<https://www.mckinsey.com/featured-insights/diversity-and-inclusion/women-in-the-workplace>) in the workplace, more than one in four are considering leaving their jobs or reducing their hours, with many citing burnout and household responsibilities as the primary reason. Even before the pandemic, women were more likely (<https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>) than men to report mental health disorders, including serious mental illness.

Existing mental illness among adolescents may be exacerbated by the pandemic, and with many school closures, they do not have the same access (<https://jamanetwork.com/journals/jamapediatrics/fullarticle/2764730>) to key mental health services. Prior to the pandemic, more than one in ten (16%) adolescents ages 12 to 17 had anxiety and/or depression.⁷ (<https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/view/footnotes/#footnote-510918-7>) Children may experience mental distress during the pandemic due to disruption in routines, loss of social contact, or stress in the household. Additionally, child abuse may be increasing (<https://www.washingtonpost.com/education/2020/04/30/child-abuse-reports-coronavirus/>) during the pandemic. Child abuse-related emergency department (ED) visits dropped (<https://www.cdc.gov/mmwr/volumes/69/wr/mm6949a1.htm>) during the COVID-19 outbreak; however, the severity of injuries among child abuse-related ED visits has increased and resulted in more hospitalizations. Child abuse (<https://www.cdc.gov/violenceprevention/childabuseandneglect/fastfact.html>) can lead to immediate emotional and psychological problems and is also an adverse childhood experience (ACE (<https://www.cdc.gov/violenceprevention/aces/fastfact.html> CDC AA refVal=<https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Facestudy%2Ffastfact.htm>)) linked to possible mental illness and substance misuse later in life. Educators (<https://www.acf.hhs.gov/sites/default/files/cb/cm2018.pdf>) play a critical role in the identification and reporting of child abuse. However, with school closures and stay-at-home orders, it is likely that many cases are going undetected, and that at-risk children have increased exposure at home to their abusers.

Substance use is also a concern among adolescents. Prior to the pandemic, 15% of high school students reported (<https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBSDataSummaryTrendsReport2019-508.pdf>)

using an illicit drug, and 14% reported misusing prescription opioids. Solitary substance use (as opposed to social use) has increased (<https://pubmed.ncbi.nlm.nih.gov/32693983/>) among adolescents during the pandemic, which is associated with poorer mental health. Suicidal ideation is yet another major concern for adolescents during the pandemic. While suicide was the tenth leading cause of deaths overall in the U.S. before the pandemic, it was the second leading cause of deaths among adolescents ages 12 to 17.⁸ (<https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/view/footnotes/#footnote-510918-8>) Prior to the pandemic, suicide rates (<https://www.healthaffairs.org/doi/10.1377/hpb20201228.198475/full/>) were particularly pronounced among Black and LGBTQ youth.

Communities of Color

The pandemic's mental health impact has been pronounced among the communities of color also experiencing disproportionately high rates of COVID-19 cases and deaths. Black and Hispanic adults have been more likely than White adults to report symptoms of anxiety and/or depressive disorder during the pandemic (Figure 7). This disparate mental health impact comes in addition to Black and Hispanic communities experiencing disproportionately high rates of coronavirus cases and deaths (overall as well as among health care workers (<https://www.kff.org/racial-equity-and-health-policy/issue-brief/covid-19-risks-impacts-health-care-workers-race-ethnicity/>) and in nursing homes (<https://www.kff.org/coronavirus-covid-19/issue-brief/racial-and-ethnic-disparities-in-covid-19-cases-and-deaths-in-nursing-homes/>)), and negative financial (<https://www.kff.org/racial-equity-and-health-policy/report/kff-the-undefeated-survey-on-race-and-health/>) impacts. Additionally, Black parents more often than White parents have reported negative impacts (<https://theundefeated.com/features/new-poll-shows-how-the-pandemic-has-devastated-black-families/>) of the pandemic on their children's education, their ability to care for their children, and their relationships with family members. Prior to the pandemic, Black and Hispanic people were less likely (<https://www.samhsa.gov/sites/default/files/covid19-behavioral-health-disparities-black-latino-communities.pdf>) to receive needed behavioral health services compared to the general population. Additionally, deaths by suicide – which may increase due to the pandemic – have historically (<https://www.healthaffairs.org/doi/10.1377/hpb20201228.198475/full/>) been much higher than average among Native American communities.

Figure 7: Share of Adults Reporting Symptoms of Anxiety and/or Depressive Disorder During the COVID-19 Pandemic, by Race/Ethnicity

Essential Workers

Essential workers during the COVID-19 pandemic, such as health care providers, grocery store employees, and mail and package delivery personnel, have shown high rates of poor mental health outcomes (<https://www.kff.org/policy-watch/both-remote-and-on-site-workers-are-grappling-with-serious-mental-health-consequences-of-covid-19/>). These workers are generally required to work outside of their home and may be unable to practice social distancing. Consequently, they are at increased risk of contracting coronavirus and exposing other members of their household. A KFF analysis (<https://www.kff.org/policy-watch/taking-stock-of-essential-workers/>) found that essential workers face additional challenges, including difficulties affording basic necessities as a result of the pandemic. These factors may contribute to poor mental health outcomes for these workers. As shown in Figure 8, essential workers are more likely than nonessential workers to report symptoms of anxiety or depressive disorder (42% vs. 30%, respectively), starting or increasing substance use (25% vs. 11%), or considering suicide in the past 30 days (22% vs. 8%).

Figure 8: Among Essential and Nonessential Workers, Share of Adults Reporting Mental Distress and Substance Use, June 2020

During the pandemic, frontline health care workers have reported (<https://www.sciencedirect.com/science/article/pii/S0165178120323271>) feelings of anxiety and depression and thoughts of suicide (<https://ps.psychiatryonline.org/doi/10.1176/appi.ps.202000424>). The KFF Health Tracking Poll (<https://www.kff.org/report-section/kff-health-tracking-poll-late-april-2020-economic-and-mental-health-impacts-of-coronavirus/>) conducted in mid-April 2020 found that 64% of households with a health care worker said worry and stress over the coronavirus caused them to experience at least one adverse impact on their mental health and well-being, such as difficulty sleeping or eating, increases in alcohol consumption or substance use, and worsening chronic conditions, compared to 56% of all households. Prior to the pandemic, nurses (<https://www.ncbi.nlm.nih.gov/pubmed/30640239>) and physicians (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6262585/>) were already prone to experiencing burnout, with physicians also having an elevated risk (<https://www.ncbi.nlm.nih.gov/pubmed/21181078>) of suicide.

Policy Responses and Considerations

Throughout the pandemic, leading public health organizations — including the CDC (https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fmanaging-stress-anxiety.html), SAMHSA (<https://www.samhsa.gov/coronavirus>), the World Health Organization (<https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf>), and the United Nations (https://www.un.org/sites/un2.un.org/files/un_policy_brief-covid_and_mental_health_final.pdf) — have released general considerations and

resources addressing the mental health and well-being of both general populations and specific, high-risk groups during the pandemic. In the U.S., some steps have been taken at both the federal and state levels to address the pandemic's impact on mental health, but with mental health problems on the rise, key issues are likely to persist.

Congress has addressed some of the acute need for mental health and substance use services through two stimulus bills enacted during the pandemic. The Consolidated Appropriations Act, which was signed into law in December 2020, includes about **\$4.25 billion** (<https://www.washingtonpost.com/health/2020/12/21/mental-health-services-get-billions-relief-bill/>) in funding for mental health and substance use services. It also builds on existing legislative efforts to boost insurer compliance with federal **mental health parity rules** (<https://www.healthaffairs.org/doi/10.1377/hblog20210104.961016/full/>). The Coronavirus Aid, Relief, and Economic Security Act (**CARES Act** (<https://www.congress.gov/bill/116th-congress/house-bill/748/text>)), a stimulus bill passed in March 2020, also allocated funding for mental health and substance use services, **including** (<https://www.kff.org/global-health-policy/issue-brief/the-coronavirus-aid-relief-and-economic-security-act-summary-of-key-health-provisions/>) a \$425 million appropriation for use by SAMHSA, in addition to several provisions aimed at expanding coverage for, and availability of, telehealth and other remote care for those covered by Medicare, private insurance, and other federally-funded programs. It also allowed for the Department of Veterans Affairs to arrange expansion of mental health services to isolated veterans via telehealth or other remote care services. Other efforts to address mental health needs include substantial increases in the use of telehealth for mental health services, aided early on by the federal government and many states expanding coverage and relaxing regulations for **telehealth services** (<https://www.commonwealthfund.org/blog/2020/how-states-can-meet-mental-health-needs-during-pandemic-and-beyond>). Looking ahead, the Biden administration and Congress could take additional steps to address mental health and substance use issues, including **administrative actions** (<https://www.kff.org/health-reform/issue-brief/potential-health-policy-administrative-actions-under-president-biden/>) addressing suicide among LGBTQ youth, mental health parity, the opioid crisis, veteran mental health services, and school-based mental health services.

Given the pandemic's implications for both people with new or pre-pandemic mental health conditions, the crisis spotlights new and existing barriers to accessing mental health and substance use disorder services. Among adults reporting symptoms of anxiety and/or depressive disorder, more than **20%** (<https://www.kff.org/other/state-indicator/unmet-need-for-counseling-or-therapy-among-adults-reporting-symptoms-of-anxiety-and-or-depressive-disorder-during-the-covid-19-pandemic/>) report needing but not receiving counseling or therapy in the past month during the pandemic. Limited access to mental health care and substance use treatment is in part due to a current shortage of mental health professionals, which has been **exacerbated** (<https://www.nationalgeographic.com/science/2020/12/coronavirus-is-taking-heavy-toll-america-mental-health-care-deserts/>) by the pandemic. The pre-pandemic shortage of

psychiatric hospital beds has also worsened (<https://www.statnews.com/2020/12/23/mental-health-covid19-psychiatric-beds/>) with the surge of COVID-19 patients needing beds at hospitals across the nation.

Access to mental health and substance use care was a concern prior to the pandemic. In 2018, among the 6.5 million nonelderly adults experiencing serious psychological distress, 44% reported seeing a mental health professional in the past year. Compared to adults without serious psychological distress, adults with serious psychological distress were more likely to be uninsured (20% vs 13%) and be unable to afford mental health care or counseling (21% vs 3%).⁹ (<https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/view/footnotes/#footnote-510918-9>) For people with insurance coverage, an increasingly common barrier to accessing mental health care is a lack of in-network options (<https://www.milliman.com/en/insight/addiction-and-mental-health-vs-physical-health-widening-disparities-in-network-use-and-p>) for mental health and substance use care. Those who are uninsured already face paying full price for these and other health services. As unemployment continues to affect millions of people, who in turn may lose job-based coverage, some may regain coverage through options such as Medicaid, COBRA, or the ACA Marketplace, but others may remain uninsured. With an unprecedented share of people reporting symptoms of anxiety or depressive disorder, the potential outcome of *California v. Texas* (a case challenging the constitutionality of the entire ACA) is important to consider. Prior to the ACA, people with a preexisting condition (<https://www.kff.org/policy-watch/mental-illness-may-soon-be-most-common-pre-existing-conditions/>) like depression might have been denied health coverage or charged higher premiums, and many individual market plans did not cover any mental health or substance use services.

Looking Ahead

The pandemic has both short- and long-term implications for mental health and substance use, particularly for groups at risk of new or exacerbated mental health disorders and those facing barriers to accessing care. Phased COVID-19 vaccinations are taking place across the country, perhaps signaling that the end of the pandemic is on the horizon. However, many of the stressful conditions employed to mitigate the spread of the coronavirus are likely to persist for the near future, given the slow and troubled rollout of vaccinations (<https://www.kff.org/coronavirus-covid-19/dashboard/kff-covid-19-vaccine-monitor/>) across the country, instances of people refusing the vaccine due to fear or uncertainty, and the need for vaccinated people to continue taking existing precautions (<https://www.nytimes.com/2020/12/08/health/covid-vaccine-mask.html>) to mitigate the outbreak.

History has shown that the mental health impact of disasters outlasts (<https://www.bbc.com/worklife/article/20201021-coronavirus-the-possible-long-term-mental-health-impacts>) the physical impact, suggesting today's elevated mental health need will continue well beyond the coronavirus outbreak itself. For example, an analysis

(<https://www.bmj.com/content/369/bmj.m1642>) of the psychological toll on health care providers during outbreaks found that psychological distress can last up to three years after an outbreak. Due to the financial crisis accompanying the pandemic, there are also significant implications for mortality due to “deaths of despair.” A May 2020 [analysis](https://wellbeingtrust.org/areas-of-focus/policy-and-advocacy/reports/projected-deaths-of-despair-during-covid-19/) (<https://wellbeingtrust.org/areas-of-focus/policy-and-advocacy/reports/projected-deaths-of-despair-during-covid-19/>) projects that, based on the economic downturn and social isolation, additional deaths due to suicide and alcohol or drug misuse may occur by 2029.

As policymakers continue to discuss further actions to alleviate the burdens of the COVID-19 pandemic, it will be important to consider how the increased need for mental health and substance use services will likely persist long term, even if new cases and deaths due to the novel coronavirus subside.

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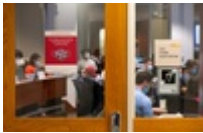
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Appendix 5



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Wait Times for Therapy Appointments at Harvard Reach Six Weeks Amid Increased Demand



Students seeking therapy appointments with Harvard's Counseling and Mental Health Services face a six-week-long wait time. By **Michelle H. Aye**

Want to see a therapist at Harvard?

You may have to wait a while.

With demand for mental health care soaring nationwide, Harvard University Health Services is in the process of hiring additional clinicians, administrators said last month. But the wait time for new patients to get a therapy appointment with Counseling and Mental Health Services is currently around six weeks long, according to Barbara Lewis, the chief of CAMHS.

Lewis said in an interview the current wait times are “not ideal” given that the semester is only 14 weeks long. She pointed to alternative mental health services CAMHS offers, however, including a 24/7 hotline **the school launched last August** and urgent care options.

Around 3,200 students had clinical appointments with CAMHS last fall, per Lewis — a figure that does not include urgent care, CAMHS workshops and groups, or the CAMHS hotline. The hotline, which allows affiliates to receive immediate support from licensed therapists, has received more than 1,600 calls since its launch, Lewis said. Students can also get same-day urgent care appointments on business days by calling CAMHS.

CAMHS currently employs 36 clinicians and is searching for more, Lewis wrote in a February email — up from the 32 last fall, but a net decrease from 2018 when it employed 41.

“Through the pandemic, a lot of staff decided to either retire or go into private practice, or do something else,” Lewis said. “We’ve had a lot of turnover.”

Since the start of the Covid-19 pandemic, therapists have seen greater demand nationwide. According to an August 2021 report from the United States Centers for Disease Control and Prevention, 40 percent of adults struggle with mental health or substance abuse disorders.

“It’s practically impossible to get a therapist these days,” Nguyen said in the

particular, on Zoom.”

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CAMHS launched a committee in October to examine and model access to mental health care at Harvard following a recommendation put forth by a 2020 [mental health task force](#) convened by University Provost Alan M. Garber '76. The group, which consists of around 15 members, meets once per month.

“We are looking at both our model of care — sort of an overall view of CAMHS — and thinking about what we should be providing, what we can provide,” Lewis said.

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