Transitions to Community Living Initiative

Resources on COVID-19 and Its Impact on the Health of African Americans with Mental Illness

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Research, Analysis and Tools and Commentary

Center for Disease Control (CDC). COVID-19 in Racial and Ethnic Minority Groups: This detailed entry addresses what public health professionals; community organizations; healthcare systems; providers; and individuals can do to mitigate against the impact of COVID-19 on racial and ethnic minorities.

Health differences between racial and ethnic groups are often due to economic and social conditions that are more common among some racial and ethnic minorities than whites. In public health emergencies, these conditions can also isolate people from the resources they need to prepare for and respond to outbreaks. These conditions, often referred to as social determinants or drivers of health, include environmental factors (e.g., housing and communities with poor air and water quality); work conditions (e.g., working in plants and factors with limited regulations); housing (e.g., lack of affordable housing, dilapidated structures); underlying health conditions (e.g., diabetes, hypertension, etc.); and limited access to care. Addressing the needs of vulnerable populations in emergencies, including improving and eliminating some of the social determinants, and harnessing the strengths and assets of these groups, can better help to flatten curves associated with public health crisis. For example, tapping into the social supports and networks of historically marginalized populations, including strong and shared faith, concern for family, and preservation of cultural institutions, can be valuable to public health crisis mitigation. These institutions can empower and encourage individuals and communities to take actions to prevent the spread of COVID-19, care for those who become sick, and help community members cope with stress. Families, churches and other groups in affected populations can help their communities face an epidemic by consulting CDC guidance documents for their organization type.

https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html

COVID-19 - Racial Equity and Social Justice Resources: The COVID-19 Racial Equity and Social Justice list (produced by Center for Assessment and Policy Development (CAPD) and the World Trust) includes information to help communities understand and respond to the pandemic now and over the long haul. COVID-19 resources are arranged in categories:

- Analysis includes a range of resources that look at the big picture: how the pandemic may reshape society; the existing disparities the pandemic highlights; and perspectives on the virus' impact on different communities and issue areas.
- Resources and Tools includes tips and strategies for response, communication and framing, and addressing injustices.

- Healing and Community Care centers on how to care for oneself and others, while continuing to center care on the needs and perspectives of the most vulnerable individuals.
- Organizing and Solidarity includes resources on the actions people are taking to bring attention to issues that intersect with the virus' impact, including, e.g., worker and migrant rights and needs of specific communities of color.
- Resource Building and Rapid Response includes lists of different funds currently available, guidance on resource building and on how foundations and donors can be equitably responsive.
- Virtual Work and Online Engagement focuses on how communities can stay connected to each other and to racial equity action while social distancing.
- List of Lists is a collection of resource lists that relate to equity, social justice and other areas in the context of the pandemic.

https://www.racialequitytools.org/fundamentals/resource-lists/resources-addressing-covid-19-with-racial-equity-lens

HHS.gov. **National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care**: In 2019, the Health and Human Services (HHS) Office of Minority Health (OMH) launched a free and accredited e-learning program: Improving Cultural Competency for Behavioral Health Professionals. This program is part of OMH's Think Cultural Health E-learning Curricula. These curricula were developed to help build knowledge and skills related to the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards). The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations. See https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf.

Cultural and linguistic competency is recognized as an important strategy for improving the quality of care provided to clients from diverse backgrounds. The goal of the e-learning program is to help behavioral health professionals increase their cultural and linguistic competency.

- Course 1, *An introduction to cultural and linguistic competency*, focuses on what culture has to do with behavioral health care.
- Course 2, *Know thyself – Increasing self-awareness*, addresses how to get to know one's cultural identity and how it affects work with clients.
- Course 3, *Knowing others – Increasing awareness of your client's cultural identity*, offers learners ways to get to know a client's cultural identity.
- Course 4, *Culturally and linguistically appropriate interventions and services*, the learner is taught how to build stronger therapeutic relationships with clients from diverse backgrounds.

Estimated time to complete the four courses is between 4 and 5.5 hours.
https://thinkculturalhealth.hhs.gov/education/behavioral-health

NAACP. This collection of online materials addresses such issues as: How COVID-19 is Impacting African American Communities; Health Resources; Coronavirus Response and Advocacy Resources; Economic/Affordability Resources; Employment Resources and other topics.
https://naacp.org/coronavirus/coronavirus-resources/

Healthline. Experts say more testing should be done in minority communities and more medical services should be provided. "Blacks often live in communities with less access to high quality, affordable healthcare. This limits testing and treatment, which results in more severe cases and deaths," said the Rev. William J. Barber II, president and senior lecturer of Repairers of the Breach, in a press release emailed to Healthline. https://www.healthline.com/health-news/covid-19-affecting-people-of-color

COVID-19 Health and Mental Health Resources

NAMI. National Alliance on Mental Illness COVID-19 Resource and Information Guide. Additional information and updates at www.nami.org/covid-19.

CDC Website in Spanish. https://espanol.cdc.gov/coronavirus/2019-ncov/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Findex-sp.html

Mental Health America. A comprehensive selection of information and resources on COVID-19, including financial support; tools to connect with others; a section addressing domestic violence survivors; and how-to articles. FMI: https://mhanational.org/covid19

Temple University. ConnectionsRx: ConnectionsRx is a series of strategies developed by the Temple University Collaborative on Community Inclusion to support people with serious mental illnesses to connect with their communities while practicing physical distancing. There are two main components to ConnectionsRx: The first strategy is an individualized approach that supports individuals to identify community interests and available resources, explore opportunities, and increase participation while practicing physical distancing. Participants will meet with our Community Inclusion Specialist, Kyra Baker, to develop a ConnectionsRx Plan and receive ongoing support! To enroll in the 1-1 ConnectionsRx program, start by filling out a brief form here. You can also contact kyra.baker@temple.edu for more information or to enroll in our ConnectionsRx project. The second strategy utilizes a private Facebook group to connect individuals to ideas and resources, facilitate group challenges and activities, and provide a space for mutual support. The Temple University Collaborative has developed a private Facebook support group for people with lived experience of mental illness to share resources and support one another to continue participation in meaningful activities.

To join the ConnectionsRx Facebook group**:** Send an email to tucollab@temple.edu with the email connected to your Facebook account and ConnectionsRx will send you an invite. Or visit here and request to join.

Topical Feature Articles

Prisma Health. Mental Health in the U.S. Among Diverse Populations: Most racial/ethnic minority groups overall have similar—or in some cases, fewer—mental disorders than whites. However, the consequences of mental illness in minorities may be long lasting.

- Ethnic/racial minorities often bear a disproportionately high burden of disability resulting from mental disorders.
- Although rates of depression are lower in blacks (24.6%) and Hispanics (19.6%) than in whites (34.7%), depression in blacks and Hispanics is likely to be more persistent.
- People who identify as being two or more races (24.9%) are most likely to report any mental illness within the past year than any other race/ethnic group, followed by American Indian/Alaska Natives (22.7%), white (19%), and black (16.8%).
- American Indians/Alaskan Natives report higher rates of post-traumatic stress disorder and alcohol dependence than any other ethic/racial group.
- White Americans are more likely to die by suicide than people of other ethnic/racial groups.
- Mental health problems are common among people in the criminal justice system, which has a disproportionate representation of racial/ethnic minorities. Approximately 50% to 75% of youth in the juvenile justice system meet criteria for a mental health disorder.
- Racial/ethnic minority youth with behavioral health issues are more readily referred to the juvenile justice system than to specialty primary care, compared with white youth. Minorities are also more likely to end up in the juvenile justice system due to harsh disciplinary suspension and expulsion practices in schools.

- Lack of cultural understanding by health care providers may contribute to under-diagnosis and/or misdiagnosis of mental illness in people from racially/ethnically diverse populations. Factors that contribute to these kinds of misdiagnoses include language differences between patient and provider, stigma of mental illness among minority groups, and cultural presentation of symptoms.

People from racial/ethnic minority groups are less likely to receive mental health care. For example, in 2015, among adults with any mental illness, 48% of whites received mental health services, compared with 31% of blacks and Hispanics, and 22% of Asians.

There are differences in the types of services (outpatient, prescription, inpatient) used more frequently by people of different ethnic/racial groups. Adults identifying as two or more races, whites, and American Indian/Alaska Natives were more likely to receive outpatient mental health services and more likely to use prescription psychiatric medication than other racial/ethnic groups. Inpatient mental health services were used more frequently by black adults and those reporting two or more races. Asians are less likely to use mental health services than any other race/ethnic group.

Among all racial/ethnic groups, except American Indian/Alaska Native, women are much more likely to receive mental health services than men.

Factors affecting access to treatment by members of diverse ethnic/racial groups may include:

- Lack of insurance, underinsurance
- Mental illness stigma, often greater among minority populations
- Lack of diversity among mental health care providers
- Lack of culturally competent providers
- Language barriers
- Distrust in the health care system
- Inadequate support for mental health service in safety net settings (uninsured, Medicaid, Health Insurance Coverage other vulnerable patients)* *(Source: American Psychiatric Association)*

https://www.ghs.org/healthcenter/healthyallyear/minority-health-awareness-month/mental-health-disparities/

Demos. COVID-19 and the Crisis of Racial Capitalism: The escalating COVID-19 pandemic impacts all of us, but for Black and brown people in particular, the combined health and economic devastation is truly terrifying. Communities of color have higher rates of asthma, less access to health care centers, are more likely to live in food deserts, and are among the most vulnerable in the face of this virus. The workers most on edge in our economy—and most likely to lose their jobs—are predominantly Black and brown. Most Americans lack even $400 of savings to call upon in times of crisis, and that lack of wealth is even more pronounced for Black and brown communities. https://www.demos.org/blog/covid-19-and-crisis-racial-capitalism

The Undefeated: For people of color, "distancing disrupts our organizations, where we find many of our identities and how we identify ourselves, such as in churches and faith-based organizations… Other organizations, such as fraternities and sororities, are used to having their organizational meetings at least monthly. So now you're telling people they cannot go attend these events, they cannot feel a part of a community where they feel accepted and where many of them truly find their identity. …that is one of the biggest challenges that has arisen with the coronavirus infection." https://theundefeated.com/features/black-people-were-stressed-before-the-coronavirus-now-more-than-ever-we-need-to-ask-for-help/

The Defender Network: "…many in the black community…are anxious about the coronavirus pandemic [and] are among the least likely to talk it out with mental health professionals." https://defendernetwork.com/lifestyle/health/black-people-and-coronavirus-stress/

New York Times. Social Distancing Is a Privilege: Our entire discussion around this virus is stained with economic elitism. In social media commentary about images of packed buses and crowds of delivery workers outside restaurants, people chastise black and brown people for not always being inside, but many of those doing the chastising do so from comfortable homes with sufficient money and food. https://www.nytimes.com/2020/04/05/opinion/coronavirus-social-distancing.html

Professional Associations: COVID-19, Health Disparities and Black/Underserved Groups

Black Mental Health Alliance (BMHA). BMHA Response to COVID-19: BMHA provides a forum for culturally competent mental health programs and services for Black and marginalized communities. See blog at #BlackMindsMatter linktr.ee/black_minds_matter_. See also https://blackmentalhealth.com/.

American Psychiatric Association Statement on COVID-19 and Health Disparities: The higher rates of infection and fatality are linked to existing health inequities facing black Americans, such as higher rates of diabetes and hypertension (both of which lead to higher mortality rates for COVID-19) and barriers to care. The American Psychiatric Association (APA) is concerned about the impact COVID-19 is having among minority and underserved groups and is calling for appropriate resources to ensure they receive the treatment they need to recover from this virulent illness. https://www.psychiatry.org/newsroom/news-releases/apa-statement-on-covid-19-and-health-disparities

National Institute of Health. Treatment Disparities among African American Men with Depression: Implications for Clinical Practice: Despite increased awareness, depressed African American men continue to underutilize mental health treatment and have the highest all-cause mortality rates of any racial/ethnic group in the United States. NIH reviews a complex array of socio-cultural factors, including racism and discrimination, cultural mistrust, misdiagnosis and clinician bias, and informal support networks that contribute to treatment disparities. The article identifies clinical and community entry points to engage African American men. It also provides specific recommendations for frontline mental health workers to increase depression treatment utilization for African American men. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4406484/

National Alliance on Mental Illness (NAMI). **African American Mental Health**: Members of minority communities often experience bias and mistrust in health care settings... In the African American community, family, community and spiritual beliefs tend to be great sources of strength and support; however, research has found that many African Americans rely on faith, family and social communities for emotional support rather than turning to health care professionals, even though medical or therapeutic treatment may be necessary. https://www.nami.org/Support-Education/Diverse-Communities/African-American-Mental-Health

Mental Health America. Black and African American Communities and Mental Health : Attitudes and Treatment: According to excerpts from a 2013 study:

- Black/African Americans hold beliefs related to stigma, psychological openness, and help-seeking, which in turn affects their coping behaviors.
- Black/African Americans men are particularly concerned about stigma.
- Cohort effects, exposure to mental illness, and increased knowledge of mental illness are factors which could potentially change beliefs about symptoms of mental illness.
- Participants appeared apprehensive about seeking professional help for mental health issues, which is consistent with previous research. However, participants were willing to seek out some form of help.
- Because less than 2 percent of American Psychological Association members are Black/African American, some may worry that mental health care practitioners are not culturally competent enough to treat their specific issues.
- Stigma and judgment prevent Black/African Americans from seeking treatment for their mental illnesses.

https://www.mhanational.org/issues/black-african-american-communities-and-mental-health

American Psychiatric Association (APA). Mental Health Disparities: Diverse Populations: Physician-patient communication differs for African Americans and whites. One study found that physicians were 23% more verbally dominant and engaged in 33% less patient-centered communication with African American patients than with white patients. https://www.psychiatry.org/psychiatrists/cultural-competency/education/mental-health-facts

- Mental Health Facts for African Americans
- Mental Health Facts for American Indians and Alaska Natives
- Mental Health Facts for Hispanics and Latinos
- Mental Health Facts for LGBTQ
- Mental Health Facts for Muslim Americans
- Mental Health Facts for Women

National Health Law Program. **Keep Essential Care: Home and Community-Based Care:** Many Medicaid Home and Community Based Services (HCBS) participants are in the high risk COVID-19 group because of age or underlying medical conditions. During the COVID-19 pandemic, helping people stay at home and out of hospitals, institutions, and other congregate settings is particularly critical — not only to those individuals' lives and their civil rights, but also to the welfare of others who may need care at those same institutions… HCBS provider availability is already an issue in many areas, and the pandemic will exacerbate this problem. The direct care workforce is under immense pressure. The impacts of COVID-19 may cause many direct care workers not to work because of their own caregiving requirements at home, such as children out of school or sick family members, their own health, or other job responsibilities. Nine out of ten direct care workers are women, they are more likely than the average worker to be single parents, and most workers have two or three jobs. https://healthlaw.org/keep-essential-care-home-and-community-based-care/

Annals of Internal Medicine. Collision of the COVID-19 and Addiction Epidemics: COVID-19 is causing untold challenges to health care and wider social structures. Among the vulnerable populations are persons who smoke or vape, use opioids, or have a substance use disorder (SUD). Because of direct challenges to respiratory health, those with SUD may be especially susceptible to infection by the virus that causes COVID-19 and associated complications. And because of impediments to delivering care to this population, persons with SUD who develop COVID-19 may find it harder to get care. Those in recovery will also be uniquely challenged by social distancing measures… Persons who are isolated and stressed—as much of the population is during a pandemic—frequently turn to substances to alleviate their negative feelings. Those in recovery will face stresses and heightened urges to use substances and will be at greatly increased risk for relapse. Peers, family members, and addiction treatment providers should be alert to this possibility. Clinicians should monitor for signs of substance misuse or use disorders in their patients, given the unprecedented stresses, fears, or even grief they may be facing… This crisis will also force the health care system, policymakers, and researchers to accelerate new ways of meeting the treatment and recovery needs of this population, through measures ranging from enhancing virtual resources to minimizing office visits via increased use of depot injections of buprenorphine. FMI: https://annals.org/aim/fullarticle/2764313/collision-covid-19-addiction-epidemics

Health Affairs Journal. Mental Health and Addiction Workforce Developments: This article outlines a framework to guide policy regarding health workforce development. Many factors are cited as sources of the mental health and substance use condition "treatment gap," including the stigma and discrimination, lack of health care coverage, insufficient services and linkages among services, and an inadequate behavioral health care workforce. The workforce's insufficient size, frequent turnover, relatively low compensation, minimal diversity, and limited competence in evidence-based treatment have all been cause for concern… A major demographic shift with implications for behavioral health workforce development is the projected increase in diversity in the US population. Members of racial and ethnic minority groups made up 37percent of the population in 2010—a proportion expected to grow to 57 percent by 2060. Minority status is associated with higher levels of poverty, unemployment, and homelessness as well as with lower levels of education, health

insurance coverage, and proficiency in English. In turn, these characteristics are related to difficulty in accessing and receiving high-quality care, which adversely affects overall behavioral health. https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2013.0541

NC DHHS: Suggestions for Addressing COVID-19 from the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS)

These suggestions come from a brainstorming session among staff of the DMH/DD/SAS. The ideas focus on communities of color, people who have underlying health conditions and those who are most vulnerable in the pandemic, including people in nursing homes and jails/prisons.

- Framing unified messages from local, state and national leaders
- Tapping guidance from community, religious, political, educational leaders in minority communities
- Leveraging resources from community advocates
- Inviting people to provide their perspectives in round table sessions, including virtual events.
- Engaging community resources, e.g., community centers, YMCAs, youth groups, in COVID-19 conversations
- Partnering with colleges (e.g., counselors, coaches) to engage students in COVID-19 conversations
- Involving corporations in partnerships with local healthcare clinics to provide education and access to testing
- Offering drive-by testing sites in partnership with local community leaders to build trust and increase attendance
- Promoting testing in inner-city communities; in COVID-19 “hot spots”; for all staff and residents in assisted family living (AFL) and Adult Care Homes (ACH); and for all staff and inmates in jails/prisons
- Providing face masks, e.g., to those who are homeless or in shelters
- Developing outreach from individuals respected by the target community; place on, e.g., Facebook, Instagram, YouTube.
- Providing education on, e.g., testing sites, social distancing, telehealth
- Utilizing radio drops (e.g., Sirius XM, Pandora, Spotify)
- Sharing in Public Service Announcement (PSAs) the diverse experiences of people that have experienced COVID-19
- Continuing to increase use of telehealth
- Placing information ads on buses, trains, billboards
- Creating a feedback loop to gather information about unmet needs across diverse settings (e.g., hospitals, nursing homes, jails/prisons)
- Providing education on the importance on seeking medical care to diagnose/treat underlying health conditions
- Providing education about effective ways to practice social distancing to individuals that reside in crowded living arrangements, multi-family dwellings and/or multi-residential buildings with higher risk of exposure to COVID-19
- Providing “care packages” that include, for example, personal protective equipment (PPE), hand sanitizer, gift cards, snacks.
- Developing/distributing “how to” videos for making face masks through, e.g., communities of faith, local organizations.

NC DHHS: General Covid19 News and Resources

- DHHS COVID-19 response site and updates
- DHHS COVID-19 guidance
- DHHS Medicaid COVID page
- NC COVID-19 FAQs for State Employees

- Press release regarding NC 2-1-1
- CDC's Main COVID-19 site
- CDC's Manage Anxiety & Stress page
- Talking with Your Kids About the Coronavirus
- Quarantine Resources
- Covid-19 Social Apps
- MAINTAINING COMPOSURE DURING COVID-19
- How to talk to children about COVID-19
- Online legal resources to help you during the coronavirus pandemic.
- Helping Seniors Navigate COVID-19
- National Disaster Helpline: 1-800-985-5990 or text 'TalkWithUs' to 66746
- National Suicide Prevention Lifeline: 1-800-273-8255, Press 1 for Vets/Military
- Crisis Text Line: text 'help' to 741-741
- North Carolina Coalition Against Domestic Violence: 919-956-9124 or visit https://nccadv.org/contact
- National Domestic Violence Hotline: 1-800-799-7233

SKH/ML://hcr