# NO HEALTH WITHOUT MENTAL HEALTH

COVID-19 and Reimagining Equitable Healthcare

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# NO HEALTH WITHOUT MENTAL HEALTH: COVID-19 AND REIMAGINING EQUITABLE HEALTHCARE

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# FOREWORD

Much has shifted since our last report, *No Health Without Mental Health and Systemic Change,* published in 2019. At the dawn of the new decade, a novel coronavirus took the world by storm, upending daily life as we knew it. COVID-19 ushered in an era defined not only by illness and alarming spikes in hospitalizations and death but also by a toxic assault on our collective psyche. Uncertainty, stress, grief, and isolation became inextricably interwoven into our mindset as we struggled to untangle conflicting information about the safest way forward for ourselves, our families, and our community.

COVID-19 has highlighted problems in our healthcare system that we have known for decades. For instance, the pandemic underscored racial inequities that have long besieged the health system. It also increased public awareness of how social determinants of health increase the risk of contracting and dying from various illnesses, including COVID-19. Concurrently, the pandemic fanned the smoldering embers of psychological distress that lie beneath the surface in so many of us— depression, anxiety, stress, trauma, and grief. Yet COVID-19 has provided us opportunities to create sustaining changes and prompted a long-overdue conversation about equity, health, and wellness, including mental health.

The 2022 report, ***No Health Without Mental Health: COVID-19 and Reimagining Equitable Healthcare,*** is the third of its kind published by The Chicago School of Professional Psychology. When I launched this initiative, I was all too aware of the need to elevate the conversation on the importance of including mental health as part of health. That need is now urgent.

The report continues to be spearheaded by a team of faculty whose expertise, years of experience, and in-depth research have led to the findings that comprise. I am deeply grateful to Nayeli Y. Chavez-Dueñas, Ph.D., and Hector Y. Adames, Psy.D., for their continued passion for this topic and for sharing their expertise with us in such a compelling manner. The 2022 report describes how COVID-19 has exacerbated existing healthcare inequities and outlines the long-term impact of the virus on people's lives, focusing on stress, trauma, grief, and loss. The report ends with a call to action and recommendations for creating equitable healthcare through training, curriculum development, and service delivery.

Let's turn talk into action and reimagine our healthcare system as a social and human rights imperative.

Michele Nealon, Psy.D.

**Michele Nealon, Psy.D.**
President
The Chicago School of Professional Psychology

# INTRODUCTION

## No Health Without Mental Health: COVID-19 and Reimagining Equitable Healthcare

In January 2019, before the novel coronavirus (COVID-19) started circulating in the United States and across the globe, The Chicago School published a report illustrating the improbable task of advancing healthcare without addressing mental health and systemic change (Adames & Chavez-Dueñas, 2019). The 2019 report had three main aims. One, detail how the structural distribution of resources such as money, power, and accessibility shape "the conditions in which people are born, grow, live, work, and age" (World Health Organization, n.d., para. 1), factors described by the World Health Organization as social determinants of health (SDoH). Two, introduce a conceptual model based on the empirical literature illustrating (a) the factors that impact the social conditions in which people in the United States live and operate, (b) how people cope with chronic stress and poor quality of life, and (c) the ways that institutions and policies impact access to resources, including healthcare. Three, help contribute to the advancement in healthcare by centering the importance of mental health and equity. The Chicago School report stated:

> The most identified and responsible SDoH are racism, poor education, low employment, and lack of community safety, housing, and public transit, which influence both physical and mental health inequities (Fraze et al., 2016; Hood et al., 2016; Magnan, 2017; Priest et al., 2013; Walsemann et al., 2013). Although the association between SDoH and health is well established in the social sciences (e.g., psychology, public health), the medical field has been slow to incorporate these social concepts and the importance of social context into their understanding of people's health. While these concepts have begun to gain traction over the past few years, some health providers continue to believe that structural social forces are too large and deep-seated to be changed (Meltzer, 2018). This problematic ideology supports the notion that addressing SDoH is beyond the scope of practice for healthcare professionals (Finnegan, 2018), hence leading to a suboptimal healthcare delivery system. Healthcare professionals, who devote their lives and careers to healing and doing no harm, must not be bystanders to how SDoH impact the lives of their clients and patients. (Adames & Chavez-Dueñas, 2019, p. 9)

In this report, we provide an overview of the unique ways COVID-19 has impacted people's lives and exacerbated existing disparities in healthcare while underscoring how there is no health without mental health. The report reimagines and describes ways to work toward equitable access to healthcare services. To achieve this goal, we (a) illustrate the various inequities that COVID-19 has underscored and intensified, (b) describe the long-term effects of the virus, and (c) explain the mental health burden of the illness, including stress, trauma, grief, and loss. The report concludes with recommendations and a call to action to reimagine and work toward equitable healthcare for all.




SECTION 1

# COVID-19 AND INEQUITIES—THE PATTERN IS CLEAR

The COVID-19 pandemic continues to wreak havoc across the globe as it enters its third calendar year in 2022. However, its devastation does not affect everyone equally. Instead, the pandemic has exposed and exacerbated pre-existing inequities related to gender, race, and socioeconomic status in the United States (van Dorn et al., 2020). The pattern is clear—existing trends depict the reality that oppressed communities have borne the brunt of the pandemic.

## Gender Disparities

One of the oppressed communities that has borne the brunt of the pandemic is women. COVID-19 has exacerbated gender disparities. Using data from the United States and India, the McKinsey Global Institute (2020) calculated that women are 1.8 times more vulnerable to the emergency brought on by the COVID-19 pandemic than men. For instance, women hold 39% of global employment, yet they account for 54% of job losses (Madgavkar et al., 2020). These discrepancies are explained by the overrepresentation of women in jobs most vulnerable to the pandemic (e.g., hospitality, retail, manufacturing). These alarming figures do not account for the unpaid work among women (e.g., childcare, domestic labor), which accounted for three-fourths of the unpaid care workforce before COVID-19 (Catalyst, 2020). While these numbers demonstrate the disproportionate impact of the pandemic on women, gender is often defined in a binary way, erasing transgender and gender-expansive people.

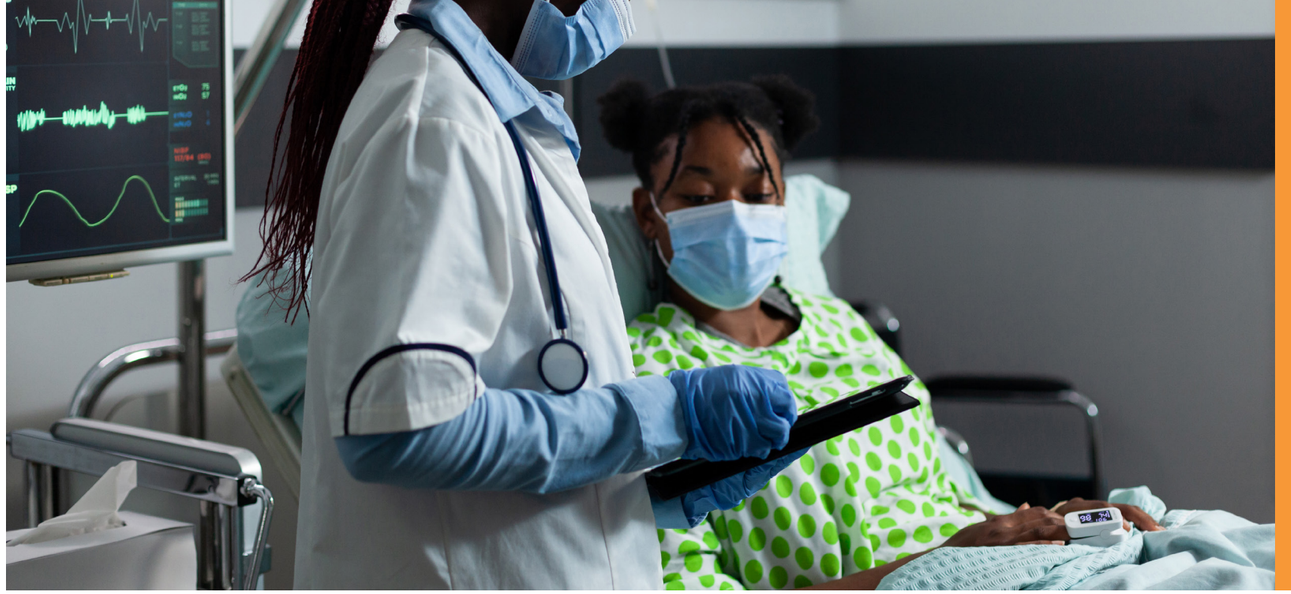
## Transgender and Gender-Expansive People

Transgender persons suffer significant disparities, which have only worsened during the pandemic. Transgender and gender-expansive people are more likely to suffer from chronic illness (e.g., asthma, hepatitis C, infectious disease) and encounter barriers to healthcare services, putting them at a higher risk of experiencing complications or dying from COVID-19 (Herman & O'Neill, 2020). Transgender people are also overrepresented in the low-income bracket of the United States. While 29% of the general population lives below 200% of the official poverty threshold, this number is far greater at 47.7% among transgender people (Herman & O'Neill, 2020; Madgavkar et al., 2020). This disparity became starker during the pandemic as 54% of transgender people experienced cuts in their work hours (compared to 23% of the general United States population), and 19% became unemployed (Human Rights Campaign, 2020; McBride, 2020). In addition to not describing gender beyond the binary, we also often ignore the interplay between race and gender. This too requires our collective attention.

## Gender and Race

Gender analysis alone fails to capture the intersectional vulnerability that Women of Color face during the pandemic. During this time, African American and Latina women have experienced a 57% higher unemployment rate relative to White women (Ewing-Nelson, 2021; Mizan, 2021). For instance, the growth in the December 2020 jobs report revealed that men gained 16,000 jobs while women lost 156,000 (Ewing-Nelson, 2021; Mizan, 2021). However, when the data was disaggregated, the analysis showed that White women gained most of the jobs while African American and Latina women accounted for most of the job losses (Ewing-Nelson, 2021; Mizan, 2021). All in all, Women of Color have been disproportionately affected by COVID-19, a pattern mirrored among Communities of Color.





## Racial Disparities

The COVID-19 pandemic has had a disproportionately negative impact on People of Color. Its negative effect includes higher infection and mortality rates and a decrease in life expectancy. When infected with the virus, People of Color are more likely to experience severe illness, higher rates of hospitalization, and death from COVID-19 (Centers for Disease Control and Prevention [CDC], 2021a). For instance, hospitalization rates are significantly higher for Indigenous, Black, and Latinx people than White people. In addition, COVID-19 mortality rates are substantially higher for Black Americans, Native Americans, Pacific Islanders, and Latinxs. When adjusted for age differences among the various racial and ethnic groups, the mortality rates among Indigenous populations is even starker (APM Research Lab, 2021). For instance, age-adjusted mortality rates show that Whites and Asian Americans have the lowest rates. According to the APM Research Lab, "Pacific Islander, Latino, Indigenous and Black Americans all have a COVID-19 death rate of double or more that of White and Asian Americans, who experience the lowest age-adjusted rates" (2021, para. 6). The COVID-19 pandemic has also contributed to a decrease in the life expectancy of People of Color by three years for Latinxs (78.8) and 2.9 years for Black people (71.8; Arias et al., 2021). Additionally, data has shown that due to nonadherence of safety regulations and guidelines, COVID-19 spread approximately 5.5 times higher in prisons than in the general United States population (Li, 2021). People of Color are at higher risk in these systems because they are overrepresented in them (Prison Policy Initiative, n.d.). Unfortunately, the health inequities that People of Color are experiencing during the time of COVID-19 are not new. Instead, they showcase the stubborn pattern of inequities that have long been rampant in the United States.

## Income and Wealth

One of the most significant sources of inequity are gaps in income and wealth. During the pandemic, these figures have worsened, with those already living below the poverty line being most affected (Gould, 2020; Vesoulis, 2020). In addition, COVID-19 has compounded existing challenges related to racial and socioeconomic segregation, lack of access to healthcare, and limited economic mobility among poor people (Khanijahani & Tomassoni, 2021). Individuals in low-income communities are more likely to lose their jobs, thus threatening their ability to maintain housing, childcare, and other factors necessary to sustain livelihood. Those who maintain their positions tend to be essential workers who are at a higher risk of contracting the virus. Unfortunately, essential workers often have fewer benefits, such as inadequate health insurance and sick leave, or have no benefits at all (Gould, 2020; Vesoulis, 2020).

At the same time, as many people in the United States are struggling to meet their basic needs, billionaires have experienced significant economic gains. To illustrate, the wealth of billionaires in the United States during the COVID-19 crisis increased by 70%, or $2.1 trillion (Collins, 2021; Forbes, 2020). These wealth inequalities are not unique to the United States. Across the globe, billionaires' income increased by $3.9 trillion by the end of 2020, while workers' earnings decreased by $3.7 billion (Berkhout et al., 2021; International Labour Organization, 2021).



SECTION 2

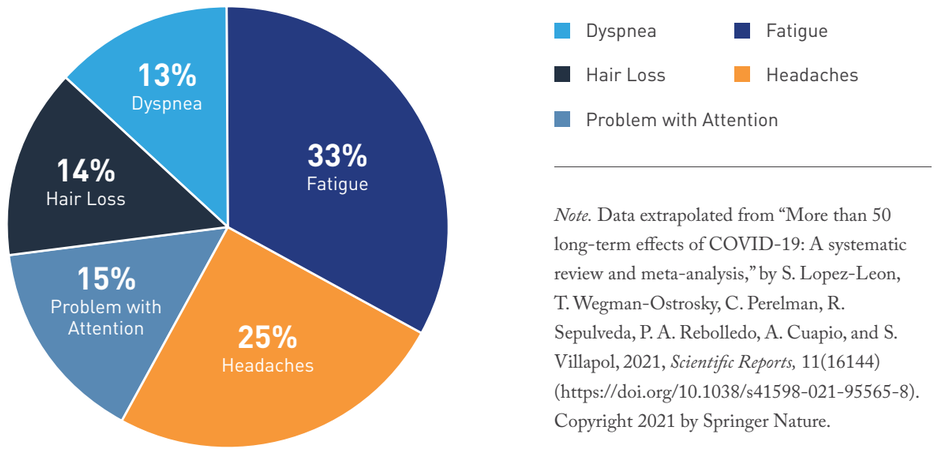
# THE LONG-TERM EFFECTS OF COVID-19

The impact of COVID-19 can be long-lasting. For instance, while most people who contract the virus recover within a few weeks, some continue to experience symptoms even months after being infected. The complete picture of long-term sequelae and other health complications of COVID-19 is still being studied; however, the information thus far suggests that there can be long-term complications and life-altering symptoms that persist resulting from the infection (CDC, 2021b). That is, some people recover from the virus but may experience new or ongoing symptoms for longer than would be expected. The CDC describes these long-term symptoms as long-COVID, post-acute COVID, or chronic COVID (2021b). The CDC also reports that any individual who contracts the virus can develop long-COVID, including patients who experience mild symptoms at time of onset (2021b).

Individuals with long-COVID may experience a range of new or persistent symptoms (CDC, 2021b). Symptoms can last weeks or months. A recent meta-analysis that defined long-COVID as ranging from 14 to 110 days post-infection estimated that 80% of people infected with COVID developed one or more long-term symptoms (Lopez-Leon et al., 2021). The symptoms worsen when individuals exert considerable physical or mental activity (CDC, 2021b). Table 1 provides a list of long-COVID symptoms published by the CDC. Figure 1 illustrates the percentages of the five most common symptoms (i.e., fatigue, headache, problems with attention, hair loss, dyspnea).

FIGURE 1

### Five Most Common Symptoms of Long-COVID Based on Systematic Review & Meta-Analysis




*Note.* Data extrapolated from "More than 50 long-term effects of COVID-19: A systematic review and meta-analysis," by S. Lopez-Leon, T. Wegman-Ostrosky, C. Perelman, R. Sepulveda, P. A. Rebolledo, A. Cuapio, and S. Villapol, 2021, *Scientific Reports,* 11(16144) (https://doi.org/10.1038/s41598-021-95565-8). Copyright 2021 by Springer Nature.

TABLE 1

**Post-COVID Symptoms and Conditions**

| PHYSICAL SYMPTOMS | EMOTIONAL AND COGNITIVE SYMPTOMS | ORGAN FAILURE |
|---|---|---|
| TIREDNESS OR FATIGUE | DIFFICULTY CONCENTRATING | COVID-19 CAN HAVE LONG-LASTING EFFECTS ON MANY, IF NOT ALL ORGANS, INCLUDING: |
| DYSPNEA OR SHORTNESS OF BREATH AND DIFFICULTY BREATHING | INSOMNIA | • LUNGS |
| HEADACHE | CHANGES IN MOOD | • KIDNEYS |
| DIZZINESS ON STANDING | DEPRESSION | • BRAIN |
| HEART PALPITATIONS | ANXIETY | • HEART |
| CHEST PAIN | | |
| COUGH | | |
| JOINT OR MUSCLE PAIN | | |
| FEVER | | |
| LOSS OF TASTE OR SMELL | | |

*Note.* Adapted from *Post-COVID conditions,* by Centers for Disease Control and Prevention, 2021 (https://www.cdc.gov/coronavirus/2019-ncov/long-term-effects/index.html). In the public domain.

A good portion of this new line of inquiry focuses on the direct and indirect contributions of COVID-19 on neuronal apoptosis and cerebrovascular accidents (e.g., loss of blood flow to the brain, stroke, clots, broken blood vessels; Marshall, 2020; Varatharaj et al., 2020). Cerebrovascular accidents can negatively impact people's cognition—some examples include decreased attention; distractibility; inability to inhibit inappropriate behavior; difficulties encoding, storing, and retrieving information (e.g., memory loss); problems with speech; and changes in mood and affect (Adames & Tazeau, 2020; Budson & Solomon, 2021; Gable & O'Connor, 2020). Given its persistent impact on people's health and functioning, as of July 2021, long-COVID can be considered a disability under the Americans with Disabilities Act (ADA; Office for Civil Rights, 2021).



SECTION 3

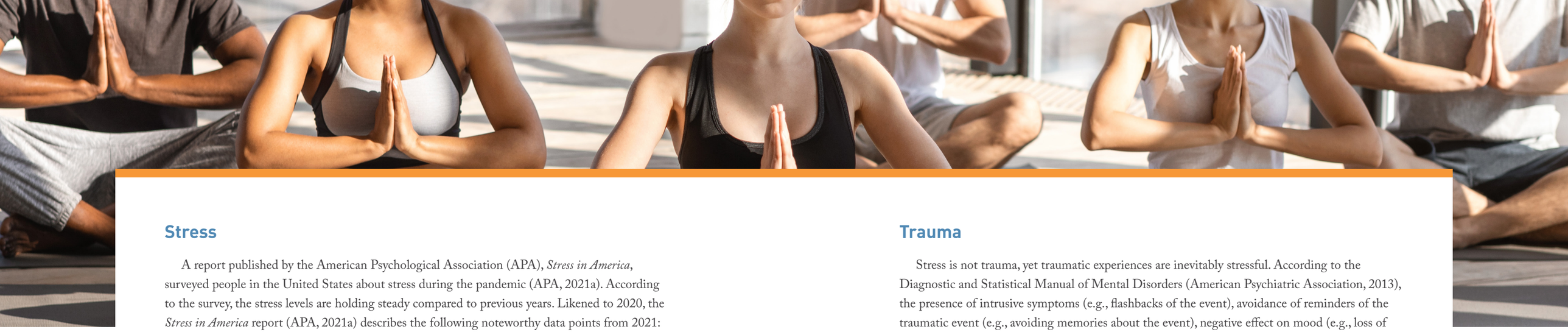
# COVID-19 AND THE BURDEN OF STRESS AND TRAUMA

The COVID-19 pandemic has taken a toll on our collective mental health. Fear and uncertainty engulfed most of the early months of the pandemic. Three years into the global health crisis, many of us are experiencing COVID fatigue—feelings of exhaustion, changing restrictions, and ever-changing demands on how to operate in the world. New waves of uncertainty and worry accompany emerging variants like Omicron, which continues to spread across the country and the world. There is no doubt that COVID-19 continues to cause an increasing erosion of our overall well-being.

While everyone, to some extent, has been psychologically impacted by the pandemic, some populations are at higher risk of experiencing adverse effects. Older adults, migrant workers, pregnant women, people experiencing homelessness, people in the carceral system, and people with pre-existing mental health conditions are uniquely vulnerable (Li, 2021; Liem et al., 2020; Rajkumar, 2020; Tsai & Wilson, 2020; Yang et al., 2020; Yao et al., 2020; Zhu et al., 2020). To illustrate, the stress and uncertainty associated with the pandemic may heighten existing mental health symptoms, contribute to relapses, or trigger the onset of new episodes of mental health disorders (Yao et al., 2020). Lack of access to mental health services and an increased sense of isolation resulting from the pandemic, make older adults more vulnerable. The fear of being detained or involuntarily hospitalized among immigrants and people who are experiencing homelessness may act as a barrier to seeking mental health services (Tsai & Wilson, 2020; Yang et al., 2020).

The COVID-19 pandemic has changed all of our lives. The pandemic collectively placed us in what feels like an endless era of uncertainty. Life, as we know it, continues to evaporate right before our eyes—daily routines are no longer familiar, economic burdens threaten our quality of life, and physical isolation adds to the current challenges. From a public mental health stance, the COVID-19 pandemic is a collective stressor that some people may experience as a traumatic event.

Undoubtedly the COVID-19 pandemic is stressful for everyone. However, stress is not trauma. Instead, stress is a typical reaction people have to an abnormal event that often improves with time (American Psychiatric Association, 2013). Conversely, trauma is an emotional reaction to a terrifying and uncontrollable event that overwhelms an individual and impairs their functioning and coping abilities (van der Kolk, 2003). Trauma can result in feelings of shock, denial, and helplessness while further contributing to social isolation.



## Stress

A report published by the American Psychological Association (APA), *Stress in America*, surveyed people in the United States about stress during the pandemic (APA, 2021a). According to the survey, the stress levels are holding steady compared to previous years. Likened to 2020, the *Stress in America* report (APA, 2021a) describes the following noteworthy data points from 2021:

- Family responsibilities are a significant source of stress (75% vs. 70% of parents in 2020)
- Likely to endorse relationships as sources of stress (68% vs. 64%)
- Less likely to say mental health is very good or excellent (47% vs. 52%)
- Adults are struggling with daily decisions and in particular millennials (48%) when compared with other groups (Gen Z adults: 37%, Gen Xers: 32%, Boomers: 14%, older adults: 3%)

Additionally, challenges related to the economy, housing costs, personal safety, and discrimination represent elevated levels of stress compared to pre-pandemic levels (APA, 2021a).

### Stress and People of Color

Historically, People of Color report higher stress levels than White people. The *Stress in America* report (APA, 2021a) examines perceptions of stress in the United States, as well as stress-related coping behaviors and the impact of stress on livelihood. The 2021 report reveals that Latinx and Black adults were less likely to report doing well during the pandemic than White adults. When comparing stress levels within Communities of Color, Latinxs fared the worst:

- Latinxs reported the highest levels of pandemic-related stress (on a scale where 1 means "little or no stress" and 10 means "a great deal of stress," Latinxs reported 5.6 vs. Black adults: 5.1; Asian adults: 5.1; White adults: 4.8; APA, 2021a, p. 6)
- Latinxs are most likely to say they are struggling with the ups and downs of the coronavirus pandemic (61% vs. 51% of White adults and 51% of Black adults)
- Latinxs reported not knowing how to manage pandemic-related stress (43% vs. 33% of White adults and 34% of Black adults)

## Trauma

Stress is not trauma, yet traumatic experiences are inevitably stressful. According to the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2013), the presence of intrusive symptoms (e.g., flashbacks of the event), avoidance of reminders of the traumatic event (e.g., avoiding memories about the event), negative effect on mood (e.g., loss of interest in activities previously enjoyed), and increased arousal (e.g., hyperarousal, hypervigilance) are all characteristics of post-traumatic stress disorder (PTSD). Some populations are at higher risk of developing PTSD due to the COVID-19 pandemic. For example:

- Of patients hospitalized with severe COVID infection and who survived the virus, 24% to 30% were later diagnosed with PTSD (Janiri et al., 2021; Spencer-Segal et al., 2021).
- Healthcare workers are routinely exposed to not only the virus but also human suffering, trauma, and death on a massive scale (Carmassi et al., 2020). Within healthcare workers, the risk of developing PTSD has been higher among women and those having close contact with infected patients (Carmassi et al., 2020).
- People of Color are more likely to report knowing someone who had been sick or died of the virus, with Latinxs reporting the highest numbers (sick: 64% vs. 46%; died: 42% vs. 25%; APA, 2021a).

Lastly, the amount of death and related trauma from COVID-19 is unparalleled in scope. Among populations that COVID-19 has directly affected, the impact of grief and loss on their mental health will be generational.

***"Stress and uncertainty associated with the pandemic may heighten existing mental health symptoms, contribute to relapses, or trigger the onset of new episodes of mental health disorders."***

(Yao et al., 2020)

SECTION 4

# GRIEF AND LOSS IN THE TIME OF COVID

Dealing with loss in the time of COVID is painful. Many people across the globe are experiencing considerable losses due to the pandemic—economic, social, physical, and one of the most dreadful and painful types of loss, losing a loved one. As of December 2021, more than 800,000 people in the United States and 5.41 million worldwide have died from complications related to the virus (Statista, 2021). For some people, loss may lead to feelings of grief. Given the devastation caused by the pandemic, "grief reactions are not unwarranted; people are demonstrating normal responses to an abnormal situation" (Bertuccio & Runion, 2020, p. 87). There are many different types of grief and loss that people can experience. This report describes and uses the three forms of grief and loss described by Bertuccio and Runion (2020), including ambiguous loss, anticipatory grief, and complicated grief, as they relate to COVID-19.

## Ambiguous Loss

Ambiguous loss, or unresolved grief, is a term used to describe experiences of grief that lack closure. Boss (2010) identified two types of ambiguous loss, including (a) when people are physically present but emotionally absent, and (b) when people are physically absent but emotionally present. In the first type, people may be physically present but not emotionally or psychologically available—whereas, in the second, people have a strong psychological connection despite the physical distance.

Both types of ambiguous loss are too familiar in the time of COVID. For example, the fear and uncertainty created by the pandemic might lead parents to be preoccupied with themselves and their families. As a result, they might be physically present in the lives of their children but emotionally absent as they grapple with the fear, uncertainty, stress, and possible trauma related to how the pandemic has upended life as we know it.



Conversely, the pandemic may have physically separated families, yet they remain emotionally connected and psychologically present in each other's lives by using technology and other means as forms of communication. The major challenge related to ambiguous loss and the pandemic is the lack of predictability and certainty about whether things may go back to "normal" or what may constitute a new normal. The suspense contributes to difficulties in processing what has been lost and in beginning to heal from such casualties (Bertuccio & Runion, 2020).

## Anticipatory Grief

The pandemic changed our expectations about the future. As news about the fast transmission of COVID-19 became public, people began to experience a sense of dread and anxiety about contracting the virus. Many planned for the possibility that they might get sick and potentially die from the virus, while simultaneously worrying about loved ones falling ill and dying (Wallace et al., 2020). As we grapple with the devastating impact of COVID-19 on people's mental health across the globe, it is crucial to recognize that the pandemic contributes to communities grieving for what they have lost and foresee losing. This experience describes anticipatory grief, a universal phenomenon (Bertuccio & Runion, 2020). People experience anticipatory grief with the loss of life and losses they envision happening, such as significant life events and celebrations including weddings, birthdays, spiritual rituals, graduations, vacations, and the like (Bertuccio & Runion, 2020). In other words, it is normal and valid to feel sad and mourn the losses each person has had, as well as those that they may anticipate losing in the future. The pandemic has made many of us mourn what we have not yet lost but may lose in the future. This anticipatory grief can take a toll on our mental health and overall wellness.

## Complicated Grief

The COVID-19 pandemic has multiplied experiences of grief and loss. Millions of people worldwide have lost loved ones due to complications from the virus. For most people, the death of a loved one is one of the most painful and distressing experiences a person can go through. It is normal to go through a period of grief and mourning following such loss (Bertuccio & Runion, 2020; Lobb et al., 2010). Normal or typical grief involves overwhelming feelings of shock, disbelief, sorrow, numbness, anger, and denial (Archer, 1998). For most people, the intensity of grief diminishes over time. The person comes to accept the loss and resume their lives even while still missing their loved ones. Unfortunately, the nature of the pandemic (e.g., feeling a lack of control, not being able to be with a loved one as they transition, being unable to mourn death in traditional ways) has led to many people experiencing a long and complicated grieving process (Bertuccio & Runion, 2020; Wallace et al., 2020). In complicated grief, individuals may have severe, debilitating symptoms (e.g., longingness for what was lost, loneliness, rumination, shock, denial, anger, mistrust) that last months or years following the loss of a loved one (Lobb et al., 2010). The aftermath of COVID will leave many individuals and communities experiencing complicated grief for decades to come.

SECTION 5

# MENTAL HEALTH DURING COVID-19

As the pandemic persists, the demand for mental health treatment services will continue to climb. Emerging data supports this assertion. A survey of mental health professionals published by APA (2021b) found an increase in demand for psychological services over the course of the pandemic. Findings reveal that between 2020 and 2021, mental health providers reported a surge in patients with:

- anxiety disorders (from 74% to 84%)
- depressive disorders (from 60% to 72%)
- conditions related to trauma (from 50% to 62%)

The pandemic is impacting not only the well-being of adults but also of youth. In 2021, the Office of the Surgeon General sounded the alarm on youth's mental health. They indicated one in every three high school students reported persistent feelings of sadness and hopelessness, representing a 40% increase from 2009 to 2019 (Office of the Surgeon General, 2021). There is no doubt that COVID-19 has exacerbated the high-stress level the youth were already facing. The Office of the Surgeon General (2021) describes the current need for mental health services among young people as "an urgent public health issue" (p. 5).

The increase in demand for services during the pandemic has implications for providers, clients, and the overall mental health system. To illustrate, providers reported the following trends:

- Demand: 80% increase in demand for mental health and substance use treatment (National Council for Mental Health Wellbeing, 2021)
- Referrals: 62% increase in referrals between 2020 and 2021 (APA, 2021b)
- Wait time: 68% longer lag time since the pandemic started (APA, 2021b)
- Larger caseloads: 43% growth in patient caseload (APA, 2021b)

It is evident that an urgent need for mental health services existed before the pandemic, and the pandemic has only bolstered the need. For instance, the U.S. Bureau of Labor Statistics (2021a, 2021b) projected a significant need for mental health professionals. There is clear evidence that whether the pandemic recedes or continues, it has deeply impacted people's well-being (Adames et al., 2022). As evidenced by the data described above, the urgent need for mental health professionals continues to accelerate at unprecedented rates.



## Learning From the Global Community

Some countries worldwide have developed strategies to address the impact of COVID-19 on the mental health of communities. Two examples are China and Singapore, which have introduced methods to help minimize the stress related to COVID among the general public, healthcare workers, and vulnerable populations. These strategies include:

- teaching people to assess the accuracy of the information they consume,
- providing accurate and timely information to the general public to minimize pandemic-related anxiety,
- educating the public about the importance of having social support and creating ways to enhance such support,
- reducing the stigma associated with having a COVID-19 diagnosis,
- centering the importance of having a routine as much as feasible while adhering to safety and social distance measures,
- improving screening methods for mental health conditions for both the general public and healthcare workers,
- increasing the availability of telemental health services, and
- educating the public and healthcare professionals to recognize the mental health impact of COVID (Banerjee, 2020; Bao et al., 2020; Ho et al., 2020; Lima, 2020).

While helpful, the strategies provided by China and Singapore miss two critical areas. One, they focus on reducing stress provoked by the pandemic but do not address prevention efforts. Two, the recommendations fail to specifically discuss the importance of addressing the needs of communities that are overly impacted by the global health crisis (e.g., socially and economically oppressed populations). Said differently, the strategies do not address the SDoH.

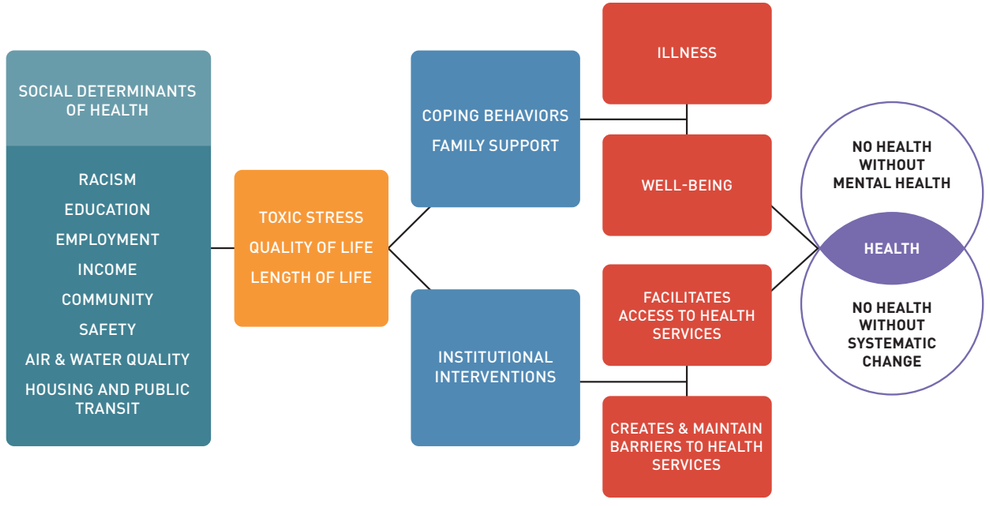
SECTION 6

# REAFFIRMING THAT THERE IS NO HEALTH WITHOUT SYSTEMIC CHANGE

In the introduction of this document, we briefly mentioned the 2019 report published by The Chicago School of Professional Psychology and authored by Adames and Chavez-Dueñas. The 2019 report introduced and described the No Health Without Mental Health and Systemic Change Conceptual Model (see Figure 2). Based on the empirical literature, the conceptual model illustrates factors that impact social conditions that affect all people in the United States, albeit in more or less severe ways. It also describes how people cope with chronic stress and poor quality of life, as well as how institutional policies can impact access to resources, including healthcare.

FIGURE 2

## No Health Without Mental Health and Systemic Change Conceptual Model




The conceptual model illustrates how SDoH (visible in the color teal) contribute to toxic stress, quality of life, and length of life (in orange) for individuals. When people experience chronic levels of stress, they are likely to use their social support networks and coping behaviors (top blue) to ameliorate and manage stress. The effectiveness with which people can cope with stressors can contribute to illness or wellness (top red); hence, mental health is a pivotal aspect of health, as there is no health without the psychological resources to cope with life's challenges (top circle). While the top half of the model describes the effect that SDoH can have on toxic stress, quality of life, and length of life, the bottom half depicts the need for institutional interventions that can facilitate people's access to professional health services, including medical and mental health (bottom blue). Access to health services is critical to preventing, coping with, and healing from acute and chronic physical and mental health conditions (bottom red). Contrarily, barriers that prevent people from seeking or accessing healthcare services c ontribute to the development, exacerbation, or maintenance of illness (bottom blue). Overall, the figure illustrates that both the top and bottom portions of the model are equally important when considering health (Adames & Chavez-Dueñas, 2019, p. 10).

The overall goal of the 2019 report was to underscore how there is no health without mental health, and there can be no advancement in health without systemic change. There is no better time than the present COVID pandemic to use the *No Health Without Mental Health and Systemic Change Conceptual Model* to help us reimagine healthcare and create a more equitable healthcare system.

## Reimagining and Creating Equitable Healthcare: How We Proceed Is up to Us

Reimagining healthcare that works for everyone requires addressing the SDoH, which is unequivocally a form of prevention. The healthcare system in the United States is designed to be reactionary rather than preventive. It focuses primarily on treating illnesses rather than preventing illness from occurring in the first place. While helping people heal is essential, a healthcare system that concentrates exclusively on treatment while ignoring or minimizing prevention is incomplete and inadequate. Understanding our reactionary versus preventative healthcare system helps us make sense of the inequities before and during the pandemic. Communities affected by multiple SDoH, as outlined in the *No Health Without Mental Health and Systemic Change Conceptual Model*, bear the burden of an overreliance on intervention rather than prevention. COVID-19 has made this reality painfully evident—from high infection and mortality rates, the burden of the pandemic is not equally distributed. Rather, low-income populations, Communities of Color, and those otherwise marginalized experience the heaviest load.

The pandemic has provided us an opportunity to pause and reflect on the pain, loss, and havoc caused by COVID-19. While everyone has been affected by the pandemic, ongoing inequities in policies, operations, and systems exacerbate the devastation experienced by historically oppressed communities. The increasing social, economic, and environmental disparities for members of these communities have deepened the pain, loss, and grief that will ripple for generations to come. The decisive historical moment we are collectively living in highlights the need for an approach that addresses SDoH. The road we take is up to us! We can (a) keep on doing more of the same— that is, maintain a healthcare system that preserves the status quo, or (b) use our resources to reimagine and create an equitable healthcare system that it works for everyone. We have options.

## Addressing the Impact of COVID-19: Long-COVID, Stress, Trauma, Grief and Loss, Inequities, and Healthcare Training

COVID-19 wreaks havoc on our mind, body, and spirit. It affects people's physical and mental health and exacerbates pre-existing health inequities. Below we provide recommendations for institutions and mental health professionals addressing the multitude of ways the COVID-19 pandemic has changed and negatively affected people's lives.

### Healthcare Systems and Training Programs

SDoH drive health inequities and have a wide range of implications for quality of life, illness, and wellness. There is no health and wellness without addressing SDoH. Achieving this collectively life-affirming goal requires attention and intervention from the healthcare system and institutions that create public health policies, including our federal and local governments. We need policies designed to prevent and address racial, gender, economic, and other socially determined inequities. Using the *No Health Without Mental Health and Systemic Change Conceptual Model*, the following section provides recommendations for healthcare systems and health-related educational training programs.

Health service training programs play a pivotal role in addressing SDoH. Programs should be designed and implemented in a way that educates health professionals in understanding the effects of SDoH on the individuals and communities they serve. For example, educating health professionals to recognize the impact of various forms of racism (individual, cultural, systemic) and other forms of oppression is essential to improving the quality of patient care.

However, having awareness alone does not create sustainable change. Programs, educators, and trainees also need to increase awareness, build skills, engage in advocacy, and revisit curriculum to evaluate what needs to be changed. Below are some actions to take:

#### Awareness.

- Become aware of your biases and prejudices, while recognizing the impact these have on patient care.
- Understand and recognize how racism and other forms of oppression may critically affect people's health, wellness, illness (e.g., cardiovascular disease), stress and trauma (e.g., racism-based stress, ethno-racial trauma, racial trauma).
- Recognize your personal reactions to topics related to inequities and learn how to actively address them.

#### Skills.

- Create a treatment plan that includes interventions to address the effects of racism and other forms of oppression on the lives of the people we serve (e.g., connecting people to mental health services, community care, and support).
- Build and sustain prevention programs that target SDoH.
- Integrate interventions that have been designed by and for members of diverse communities.

#### Advocacy.

- Advocate for changes within the healthcare system to remove systemic barriers to health services and health literacy, while addressing racial, gender, and economic inequities in healthcare delivery.
- Recognize that access to healthcare is not only a human right but also a collective necessity. Support policies that provide access to healthcare services for all.
- Listen to patients and community members, and advocate for changes to the system that address their needs.

#### Curriculum and Teaching Evaluation.

- Require a course that introduces the history and contemporary experiences of various oppressed communities in the United States.
- Include course content that specifically integrates research focusing on the impact of oppression and racism on the health of individuals, families, and communities.
- Align learning outcomes to help programs, educators, and students track their progress toward knowing and implementing prevention and interventions targeting SDoH.
- Incentivize educators who create innovative ways to help trainees gain knowledge, awareness, and skills to address SDoH.
- Align teaching evaluations to program goals (e.g, "This course contributed to my understanding of how systems of inequities shape healthcare policies and practices in my field").
- Create funding opportunities that incentivize members from minoritized communities to go into healthcare, including the medical and mental health fields.

## COVID-19 and Minoritized Communities

The COVID-19 pandemic has exacerbated and emphasized the racial and social disparities that have affected minoritized communities for decades. As we look at the data emerging from the pandemic, it has become evident that low-income individuals, Communities of Color, women, people with disabilities, and older adults are bearing the brunt of the virus and mortality it is causing. All of these communities are in critical need of special attention and intervention. Below, we provide recommendations for healthcare systems to address the current and future impact of COVID-19 on minoritized individuals and communities.

### Information Delivering.

- Recognize and validate historical and contemporary reasons for the lack of trust between oppressed communities and the healthcare system.
- Address the sources of misinformation within historically oppressed communities by providing accurate, up-to-date, and accessible information delivered by trusted people in the community. Some of the important information to address includes:
  - What the COVID-19 virus is and how it infects people
  - Symptoms of the virus and what to do when experiencing them, including seeking help
  - Myths about vaccination and how to become a critical consumer of health-related information
  - How to protect oneself and others from infection while reducing risk of exposure
  - How masks and other personal protective equipment (PPE) function, as well as which types of PPE are most effective
- Diversify how information is delivered. Consider using both social media and traditional media platforms (i.e., television, radio public service messages) with an understanding that not everyone has access to the internet, knows how to read, or can see and hear.
- Experts from different healthcare fields (e.g., physicians, virologists, epidemiologists) can train people trusted by the community to provide basic information to community members and refer to them when necessary.



### Creating and Expanding Access to Services.

Equality is not enough. Communities disproportionately affected by the pandemic need additional resources. Below are some specific recommendations to address inequities.

- Access to testing and vaccination need to be accessible in these communities. Expanding the number of sites and the days and times when clinics are open is critical, given that many people in these communities are essential workers with significant time restrictions.
- Access to telehealth services is a must. However, some people may not have access to the internet, so providing services via telephone may be necessary. Those that have access to the internet may not know how to connect their devices to access telehealth; thus, they may need support and training to navigate these internet-based platforms.

## Long-COVID

The pandemic has forced many changes in people's lives. One of these shifts includes the experience of long-COVID, an acquired disability with a long-lasting impact on physical and mental health functioning in people who were otherwise relatively healthy before contracting the virus. Individuals with long-COVID are likely to need assistance as they navigate the changes in their lives. To this end, mental health professionals may consider some of the following actions:

- Provide people with support and assistance as they process the changes and loss of functioning resulting from long-COVID.
- Help people adjust to changes that they may experience in their body and mind while validating the range of emotions that may surface from the new reality.
- Assist clients in coming to terms with having a disability and making sense of its role in their lives while envisioning a future.
- Teach adaptive ways of coping.
- Help clients build and strengthen their social support, including connecting them with members of the disability community.
- Assist people to advocate for their rights in society, including seeking accommodations at work and school.


### Stress and Trauma

Globally, the pandemic has heightened people's stress levels and symptoms of psychological trauma. Mental health providers are uniquely trained to help people cope with and heal from the mental health effects of the pandemic. The following are some unique and essential elements for mental health providers to consider when addressing stress and trauma resulting from COVID-19.

- COVID-19 is not a single traumatic event but rather an ongoing series of events that are likely to impact people for years to come. To this end, traditional forms of trauma-informed care, such as trauma-focused cognitive behavioral therapy and cognitive processing therapy, will need to be adapted. Treatment should consider the prolonged and ongoing exposure to traumatic stress and the multitude of specific traumatic experiences that people are experiencing (e.g., getting sick, being hospitalized, losing loved ones, navigating forced social isolation).
- Given the uncertainty of when the pandemic will end, if ever, mental health treatment provided to individuals experiencing stress and trauma related to COVID-19 needs to address apprehension about the future.
- While some research suggests that COVID-19 impacts the brain, we have yet to fully understand the virus's short and long-lasting effects on cognition and mental health. Thus, mental health providers must stay up to date with research related to the pandemic and its impact on people to provide effective treatment and resources available for communities (e.g., free COVID tests, understanding that long-COVID is a disability under the ADA).
- Given the increase in need for mental health services that has resulted from the pandemic, patients may have to wait longer to be seen by a provider. To reduce waiting times and reach more clients in need, we encourage systems of mental health to consider ways to expand services such as making virtual group therapy more widely available.

***"We have yet to fully understand the virus's short and long-lasting effects on cognition and mental health."***

### Grief and Loss

COVID-19 has generated unique experiences of grief and loss. We provide the following recommendations for mental health providers addressing these specific presenting concerns.

- Recognize and help clients cope with the additive effect of multiple losses people have experienced in a short period of time. For instance, clients may be grieving the death of numerous people all at once.
- The restrictions related to the pandemic have disrupted traditional ways of grieving. As a result, clients may present with prolonged or complicated grief. In addition to helping clients cope with their losses, it may be helpful to assist and support patients as they create alternative traditions for grieving, mourning, and honoring their losses.
- In addition to grieving the loss of life, people may need assistance with grieving the loss of life they experienced before the pandemic. They may benefit from making meaning out of the way life as they knew it has evolved and changed.

CONCLUSION

## ARE WE WILLING TO LEARN?

The COVID-19 pandemic is teaching us many important lessons. One, physical and mental health are interwoven—as we at The Chicago School consistently say, there is no health without mental health. Two, there is no health without systemic change. Our collective human rights demand that we create sustainable change to ensure that everyone has access to equitable and effective healthcare services. Three, although we are all affected by COVID-19 somehow, the effect has not been the same across communities. In other words, the pandemic has not been "the great equalizer" as many have claimed. Instead, the virus is ushering in the greatest rise in health and economic inequities experienced in decades. This somber reality has direct implications for people's wellness. While there is undoubtedly so much to learn from this global pandemic, what remains uncertain is whether we are listening and paying attention—are we willing to use the lessons of the current moment to reimagine and work toward an equitable healthcare system for all?

# RESOURCES

## Where To Go For More Information

American Psychological Association
*APA COVID-19 Information and Resources*
https://www.apa.org/topics/covid-19

American Psychological Association
*Managing Mental Health During COVID-19*
https://www.ama-assn.org/delivering-care/public-health/managing-mental-health-during-covid-19

American Psychological Association
*Stress in America 2020*
https://www.apa.org/news/press/releases/stress/2020/report-october

American Psychological Association
*A Hidden Pandemic of COVID-19: How Psychologists Are Helping Children Who Have Lost Caregivers to COVID-19*
https://www.apa.org/monitor/2021/11/news-hidden-pandemic

APM Research Lab
*The Color of Coronavirus: COVID-19 Deaths by Race and Ethnicity in the U.S.*
https://www.apmresearchlab.org/covid/deaths-by-race

Brigham and Women's Hospital
*Grieving During a Pandemic*
https://www.brighamandwomens.org/covid-19/grieving-during-a-pandemic

Cedars-Sinai
*Coping With Loss and Grief During COVID-19*
https://www.cedars-sinai.org/blog/coping-with-loss-and-grief-during-covid-19.html

Purdue University
*Coping With Grief and Loss - Mourning the Changes since COVID-19*
https://www.purdue.edu/caps/covid-19/coping-with-grief.html

Immigration, Critical Race, and Cultural Equity Lab
*People of Color Surviving COVID-19*
https://icrace.files.wordpress.com/2020/09/final-covid-1-1.pdf



U.S. Department of Veterans Affairs
*Managing Stress Associated With the COVID-19 Virus Outbreak*
https://www.ptsd.va.gov/covid/COVID_managing_stress.asp

The National Child Traumatic Stress Network
*Parent/Caregiver Guide to Helping Families Cope With the Coronavirus Disease 2019*
https://www.nctsn.org/resources/parent-caregiver-guide-to-helping-families-cope-with-the-coronavirus-disease-2019

Psychology Today
*Radical Healing in Times of Fear and Uncertainty*
https://www.psychologytoday.com/us/blog/healing-through-social-justice/202003/radical-healing-in-times-fear-and-uncertainty

Mayo Clinic
*COVID-19 and Your Mental Health*
https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/mental-health-covid-19/art-20482731

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# THE PEOPLE BEHIND THE REPORT

## Michele Nealon, Psy.D.

**President**

As president of The Chicago School of Professional Psychology, Dr. Nealon has strategically positioned the university to broaden its focus on psychology education to include the preparation of integrated health care professionals trained to address the mental and physical needs of patients. She spearheaded the development of an ambitious five-year strategic plan, Leading the Way Toward a Healthier World, which serves as a blueprint for that expansion. A native of Ireland, she completed her doctoral studies at The Chicago School and served as faculty, department chair, and the founding president of the institution's Los Angeles Campus before assuming the national presidency in 2010. She is an accomplished writer and speaker on a variety of psychology-related topics.

## Nayeli Y. Chavez-Dueñas, Ph.D.

**Clinical Psychologist and Professor of Counseling Psychology, Chicago Campus**

As a lead co-author of the report, Dr. Chavez-Dueñas drew on her clinical training at Southern Illinois University at Carbondale and her experience as the lead of the Latinx Mental Health Concentration at The Chicago School. Her research focuses on immigration, skin color, and multiculturalism. She has several peer-reviewed articles and has authored three books: Cultural Foundations and Interventions in Latinx Mental Health: History, Theory and Within Group Differences, published by Routledge Press; Ethics in Psychotherapy and Counseling: A Practical Guide, published by Wiley; and Succeeding as a Therapist: How to Create a Thriving Practice in a Changing World, published by the American Psychological Association (APA). She has earned several awards, including the 2018 American Psychological Association Distinguished Citizen Psychologist Award, the 2020 Distinguished Star Vega Award from the National Latinx Psychological Association, and the 2022 Shining Star Award from the National Multicultural Conference Summit.

## Hector Y. Adames, Psy.D.

**Neuropsychologist and Professor of Counseling Psychology, Chicago Campus**

As a lead co-author of the report, Dr. Adames drew on his clinical training at Wright State University and Boston University School of Medicine, and his experience as the lead of the Health Psychology Concentration at The Chicago School. His research focuses on the ways in which systems of oppression impact people's health and wellness. He has several peer-reviewed publications and has authored four books: Cultural Foundations and Interventions in Latinx Mental Health: History, Theory and Within Group Differences, published by Routledge Press; Caring for Latinxs with Dementia in a Globalized World, published by Springer; Ethics in Psychotherapy and Counseling: A Practical Guide, published by Wiley; and Succeeding as a Therapist: How to Create a Thriving Practice in a Changing World, published by APA. He has earned several awards, including the 2018 Distinguished Emerging Professional Research Award from The Society for the Psychological Study of Culture, Ethnicity, and Race, a division of the APA, and the 2020 Distinguished Star Vega Award from the National Latinx Psychological Association. In 2021, he was honored with an APA Presidential Citation for his commitment to human rights and racial justice through his research, service, and mentorship.

## Ted Scholz, Ph.D.

**Vice President of Academic Affairs/Chief Academic Officer**

Ted Scholz currently serves as the chief academic officer and vice president of the Academic Affairs Department at The Chicago School of Professional Psychology. Since joining The Chicago School in 2007, he has served in a number of leadership roles within Academic Affairs: associate vice president of academic affairs, associate vice president of faculty development and training, and director of the National Center for Teaching and Learning, to name a few. Before joining The Chicago School, Dr. Scholz served as program manager, faculty, and chair of the English and Humanities Department at Robert Morris University. He also is a graduate of the Teaching Institute Fellowship Program from Robert Morris University. Dr. Scholz received a bachelor's degree in English with a minor in philosophy from The University of Wisconsin-Oshkosh, a master's degree in literature from DePaul University, and a Ph.D. in organizational leadership at The Chicago School of Professional Psychology. He has given numerous presentations at both regional and national conferences and is a certified trainer and consultant in the areas of emotional intelligence and the administration of the Intercultural Development Inventory. His areas of interest include faculty development and pedagogy, student support, organizational commitment, organizational leadership, change management, and intercultural competency.

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