Behavioral health issues like depression, anxiety and substance use can be challenging to identify, screen for and treat under ordinary circumstances. A person must look for help, connect to a health care provider for screening and start any recommended treatment. Navigating this process through a pandemic complicates things exponentially. Adverse events related to COVID-19 include being isolated, losing income and normal routine, and worrying about illness. These factors, individually or combined, may increase stress and lead to or exacerbate behavioral health issues.

Most health facilities temporarily closed or stopped providing services except for COVID-19-related treatment and emergencies, leaving people seeking or needing to continue behavioral health treatment with few options. Inpatient treatment providers also curtailed taking new patients to reduce the spread of COVID-19 in residential facilities. Providers faced income loss and staff layoffs while ramping up telehealth services to support patients remotely. The Centers for Medicare and Medicaid Services and other agencies aided the restart of services and Medicare and Medicaid reimbursement. The Drug Enforcement Administration also updated its guidance for the duration of the public health emergency to allow remote prescribing of medication-assisted treatment for substance use.

Did You Know?

- Forty-five percent of adults recently reported that worry and stress from COVID-19 have a negative impact on their mental health.
- Before COVID-19, five states required payment parity for telehealth and that number has grown by at least 13 since.
- People who experienced hardships as a result of the Great Recession were more likely to show increases in behavioral health symptoms.
disorders without an initial in-person office visit. Private health insurers also adjusted reimbursement requirements to allow for expanded uses of telehealth.

At any given time, approximately 20% of Americans live with a mental health disorder. Because of the potential for people to develop a psychological disorder due to pandemics like COVID-19, state legislatures, health departments and the federal government are implementing a variety of approaches to help.

**State Action**

While governors and agencies initiated the first state policy responses to COVID-19, many state legislatures finished their regular session or paused their session and restarted. Legislators addressed critical issues related to COVID-19 and allocated COVID-19-related federal funds coming to the state.

The Minnesota Legislature appropriated funds from the Coronavirus Aid, Relief, and Economic Security (CARES) Act to enhance rural mental health services and outreach. Efforts include suicide prevention training, mental health awareness training for farm and rural adolescents, and creating mental health forums in response to the COVID-19 crisis. Certain populations, including people in rural areas or of lower socioeconomic status, may be at higher risk for more negative behavioral health outcomes related to coronavirus.

New Jersey enacted a bill to require state-regulated health insurance plans, Medicaid and the state employee health insurance plan to cover up to 90-day prescription refills for maintenance medications during a state of emergency. This extended quantity allows people living with chronic conditions, including behavioral health conditions, to stay on treatment regimens with a lower chance of running out of medication.

County and regional mental health centers received an additional financial boost from the Alabama Legislature totaling $25 million. The legislature also appropriated an additional $5 million from the state general fund to the department of health for coronavirus preparedness and response activities during the current fiscal year.

Children experiencing behavioral health issues often receive screening and services in a school setting. As schools closed due to the pandemic, some states acted to ensure children maintain access to behavioral health care services in a remote learning environment. North Carolina enacted a measure to provide $10 million for additional physical and mental health support services for students in response to COVID-19, including remote and in-person services. School support services include counseling and other services provided by counselors, nurses, psychologists and social workers.

### Federal Action

Congress has taken steps to support federal agencies with behavioral health funding through a variety of financial supports. The CARES Act included $425 million for the Substance Abuse and Mental Health Services Administration (SAMHSA) to address mental health and substance use disorders as a result of the COVID-19 pandemic. As part of that funding, certified community behavioral health clinics received $250 million to respond to the increased need for services related to depression, anxiety, substance misuse or other conditions.

SAMHSA also received $50 million for suicide prevention efforts, and $100 million in flexible funding to address mental health and substance use disorders and provide resources to youths and the homeless during this time.

The law also provides information and backing for the guidance the Trump administration released regarding substance abuse confidentiality regulations and coordinated care. It allows health care providers to share limited patient information with behavioral health providers on a continuing basis after obtaining initial consent from patients while still following Health Insurance Portability and Accountability Act requirements. Under the CARES Act, the information may not be used in civil, criminal, administrative or legislative proceedings against the patient or to discriminate against patients in employment, housing, court or public benefits.

Since many students receive behavioral health screening and treatment through school clinics, Congress also provided support to educational institutions in their roles related to behavioral health. Congress passed the Governor’s Emergency Education Relief Fund, which can provide social and emotional development services to schools, or other types of assistance related to COVID-19 determined necessary by governors.

Other federal support includes the Elementary and Secondary School Relief Fund, which may be used to “provide mental health services and supports” as needed, and Project School Emergency Response to Violence. It provides $1.00 million to help schools deal with violence or trauma that disrupts the learning environment, such as a pandemic that shuttered schools across the country and moves classes online.

This brief was supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $250,000 with 100% funded by CDC/HHS. The contents are those of the author and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. government.