
SUPPORTING A NATION IN CRISIS

Solutions for Local Leaders
to Improve Mental Health
and Well-Being During and
Post-COVID-19

de Beaumont
BOLD SOLUTIONS FOR HEALTHIER COMMUNITIES™



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The [de Beaumont Foundation](#) creates and invests in bold solutions that improve the health of communities across the country. Its mission is to advance policy, build partnerships, and strengthen public health to create communities where people can achieve their best possible health.

[Well Being Trust](#) is a national foundation dedicated to advancing the mental, social, and spiritual health of the nation. Created to include participation from organizations across sectors and perspectives, Well Being Trust is committed to innovating and addressing the most critical mental health challenges facing America, and to transforming individual and community well-being.

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INTRODUCTION

During the COVID-19 pandemic, social isolation and loneliness caused by social distancing, coupled with overwhelming loss of life and widespread economic crisis, create a perfect storm for affecting Americans' mental health and well-being.¹ We know from prior pandemics and natural disasters that COVID-19 and its implications have the potential to trigger or worsen anxiety, depression, addiction issues, suicide, and other mental health challenges.² Researchers estimate that this pandemic could lead to an additional 75,000 deaths related to alcohol and drug misuse and suicide.³ One-third of Americans are now showing signs of clinical anxiety or depression,⁴ and the percentage of U.S. adults who can be described as "thriving" has dropped to the lowest level since the Great Recession in December 2008.⁵

Just as local communities have been on the front lines of fighting the COVID-19 pandemic, so too will local government and community-based partners be at the forefront of responding to the anticipated increase in mental health and substance misuse issues. The stress and trauma of this communal experience will be with us for months and years to come as the nation transitions from the immediate response into the recovery period of this pandemic.

Adding to the mental health impacts of coronavirus are the preexisting systemic inequality and racial injustice in our nation. Long before the pandemic, low-income communities and communities of color had been subjected to chronic underinvestment in mental health care and large numbers of "deaths of despair" — deaths due to drugs, alcohol, and suicide. The killings of George Floyd, Breonna Taylor, Rayshard Brooks, and other Black Americans by police officers have also exacerbated the decline in the nation's mental health, particularly among Black Americans. COVID-19 is yet another trauma on top of the myriad of other social and economic conditions disproportionately affecting many minority communities.⁶

This action guide is intended for local policymakers and civic institutions (e.g., anchor institutions such as universities, hospitals, and other enduring organizations that play a vital role in their local communities and economies; chambers of commerce; philanthropies; and multi-sector collaboratives). It provides recommendations that can be implemented to address mental health in

both the immediate response and recovery phases of the pandemic. This guide also highlights a handful of focus populations uniquely affected by the mental health challenges of COVID-19 and suggests community-specific tactics to address these needs. While this does not represent an exhaustive list, the well-being of these groups has been fundamentally altered by the pandemic.

Essential workers, including those who operate buses and trains, serve as cashiers, and work in restaurant kitchens, may fall into one or more of these categories (e.g., essential workers with young families, essential workers over 65, and essential workers of color), so many of the strategies will benefit them. Essential workers, as defined here, have low-wage jobs that generally cannot be carried out remotely, which increases their potential exposure to the virus. These types of jobs often do not provide benefits like paid sick leave or health insurance. Plus, the pay is typically not high enough to facilitate adequate savings, so most essential workers are effectively being forced to work, even if they have underlying health conditions that put them at increased risk for COVID-19 infection. People of color make up the majority of essential workers in food and agriculture (50 percent) and in industrial, commercial, and residential facilities and services (53 percent).⁷ Many essential workers are immigrants, sometimes undocumented.⁸ Strategies particularly relevant to essential workers, such as those that mitigate the impact of economic insecurity, are identified throughout the report.

THE FOCUS POPULATIONS

Health professionals and first responders

Youth and families

Formerly incarcerated individuals reentering society

Individuals with substance use disorders

Older adults

Victims of intimate partner violence, child abuse, and elder abuse

People of color

Undocumented immigrants



One-third of Americans

are now showing signs of clinical anxiety and depression

The recommended strategies are evidence informed responses to help ease the mental health and addiction challenges stemming from the pandemic. Implementation of these recommendations will look different in each community. Local leaders will need to make decisions based on their community's needs, circumstances, and resources. Also, all of these suggestions can be implemented without the explicit help of federal and state partners. Although it is ideal to use a comprehensive approach to mental health and substance misuse that engages all levels of government,⁹ local leaders cannot wait for federal or state direction before addressing these issues.

Some recommendations in this guide are revenue-neutral, while others will require additional resources — both human and financial. This pandemic has come at a time when our nation was already woefully underprepared for a surge in mental health issues.⁹ For example, 111 million Americans live in areas with a shortage of mental health professionals.⁹ Plus, a mental health office visit with a therapist is five times as likely to be out-of-network as a non-mental health office visit.⁹ However, there are strategies that can help all Americans receive the mental health and addiction resources they need even in the face of local financial constraints.¹⁰ Low-cost or revenue-neutral strategies are identified throughout the report.



Strategies for Essential Workers

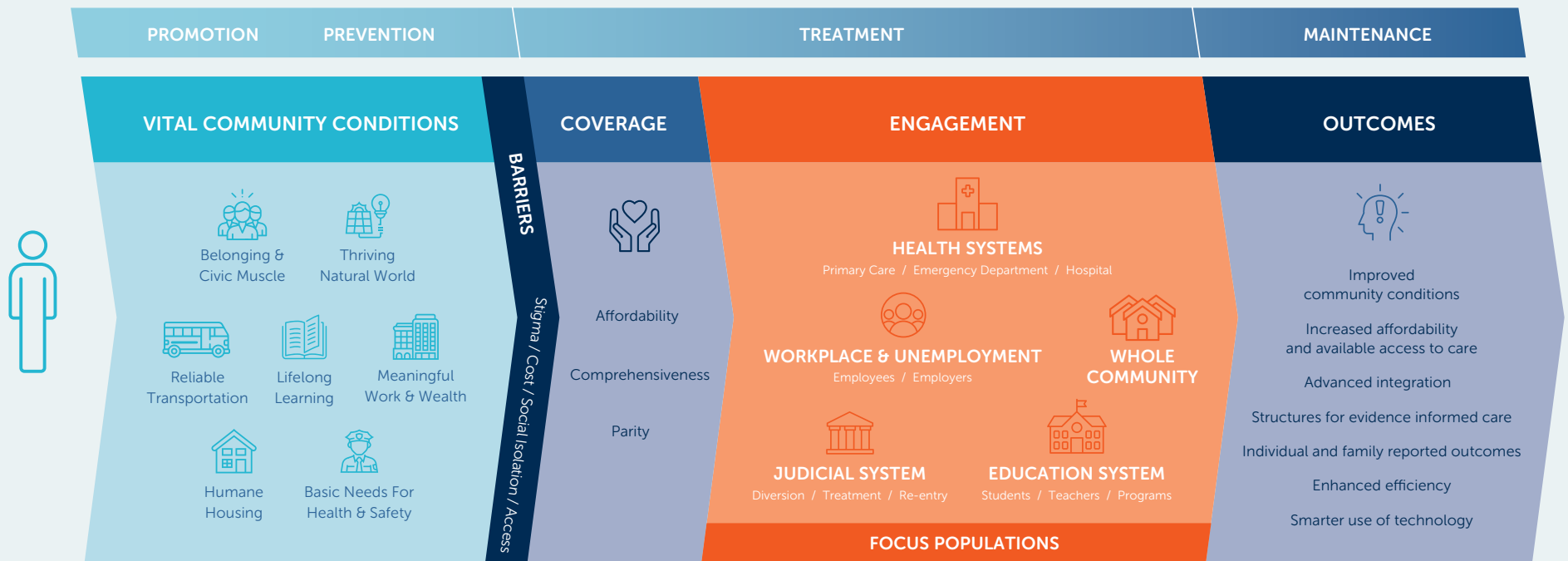


Low-Cost/Revenue-Neutral Strategies

This action guide uses [Healing the Nation](#) and [Pain in the Nation](#) in how it approaches issues of mental health and addiction. Developed by Well Being Trust and partners, *Healing the Nation* is both a federal policy guide and framework for advancing policy. At the heart of this report is the Framework for Excellence in Mental Health and Well-being — a belief that a vision for excellence should begin with the person, extend into the community, and connect seamlessly to clinical settings. The framework asserts that “if we are serious about tackling mental health and addiction in our country, we must leverage all the places and spaces people present with needs and provide support accordingly.”⁹ The *Pain in the Nation* report, developed by Trust for America’s Health, highlights more than 60 research-based policies, practices, and programs to reduce substance use, alcohol misuse, and suicide — and promote better well-being for all Americans.



FRAMEWORK FOR EXCELLENCE IN MENTAL HEALTH AND WELL-BEING



IMMEDIATE RESPONSE



As local leaders grapple with the coronavirus pandemic, it is essential that they simultaneously address the immediate mental health and addiction needs of their communities. This section details recommendations and corresponding strategies that can be implemented immediately to improve mental health and promote well-being.



RECOMMENDATION 1

Explicitly talk about and destigmatize mental health. Leaders from all sectors need to talk about and help normalize the communal trauma that many Americans, both infected and not infected with COVID-19, may experience as the country begins to recover. Mental health issues affect all of us, either directly or indirectly through family members, friends, colleagues, or others.

STRATEGY 1

Discuss both mental and physical health when addressing the health of the community. Separating physical health from mental health creates a false dichotomy that often stigmatizes mental health issues. Physical and mental health should be thought of as a continuum and portrayed as highly intertwined. [Inseparable](#) is an example of an advocacy group working to advance parity between mental and physical health care.

STRATEGY 2

Use people-first language¹¹ to humanize conversations when discussing mental health and substance misuse. It is important to convey that people are not their conditions, and language can reflect a more comprehensive approach to health. For example, instead of talking about the number of COVID-19 cases or patients, discuss the number of people infected with COVID-19.

STRATEGY 3

Encourage local “influencers” and celebrities to tell their own stories and disseminate information about mental health through social and traditional media campaigns. For example, [Half of Us](#) aims to initiate a public dialogue to raise awareness about the prevalence of mental health issues and connect students to the appropriate resources to get help by sharing the stories of people in the entertainment industry. Instagram created a #HereForYou campaign to break down the stigma that surrounds discussions about mental health issues and to let others know that they’re not alone. Many celebrities, such as Michael Phelps, Kendrick Lamar, Lady Gaga, and Selena Gomez, often use their public platforms to share their personal experiences with mental health and substance misuse. In addition, leaders may want to explore ways to use “micro-influencers” who might not be national in scope, but have a dedicated following in a particular place or space. Micro-influencers can reach a more targeted subset of the population than a national celebrity. And while micro-influencers may reach fewer people than national celebrities, their impact in a particular market can be far greater.

STRATEGY 4

Draw upon personal experiences to humanize mental health and substance misuse. Boston Mayor Marty Walsh has openly spoken about recovering from alcoholism, such as when he spoke at the [2016 Democratic National Convention](#), and he continues to do so when [speaking with constituents](#). Former Florida Governor Jeb Bush, Texas Senator Ted Cruz, and U.S. Surgeon General Jerome Adams also have [spoken publicly about family members who have experienced addiction](#).

STRATEGY 5

Host virtual town halls on mental health to spread awareness and discuss communal mental health challenges. At the beginning of May 2020, Mayor Greg Fischer of Louisville, Kentucky, and two local mental health professionals discussed mental and physical care during a [tele-town hall](#).

RECOMMENDATION 2

Increase the capacity and role of the local workforce to recognize mental health issues and refer community members to appropriate services.

STRATEGY 1

Train staff on [Mental Health First Aid](#) — a skills-based training course that teaches participants about mental health and substance-use issues — to help city and county workers identify, understand, and respond to signs of mental illnesses and substance use disorders. These trainings can provide the existing local workforce with knowledge to identify those who may be developing or experiencing a mental health or substance use issue and the basic skills to respond. The Johns Hopkins Center for Public Health Preparedness has created a mental health first-aid training model called RAPID, or [Reflective Listening, Assessment, Prioritization, Intervention, and Disposition](#).

STRATEGY 2

Employ task-shifting¹² to increase the capacity of the front lines. Task-shifting refers to the process of reassigning appropriate health-related tasks to non-clinical experts. It is grounded in the premise that more people can be helped in a timely manner if non-clinical

experts, drawn from the community, deliver certain services in a community setting, instead of clinical providers offering them in specialty settings. Not only has task-shifting shown great promise in [addressing HIV and mental health](#), but it also creates much-needed jobs and economic opportunity.

STRATEGY 3

Train health professionals, first responders, and social needs providers to conduct mental health screenings and provide appropriate referrals. Activities such as primary care visits, consults with professionals from the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), or interactions with first responders are good opportunities for a quick mental health screening and referral.



RECOMMENDATION 3

Publicize and support the existing networks of organizations providing mental health and substance misuse services.

STRATEGY 1

Build upon current programs designed to help communities deal with trauma, such as violence and abuse. One example is the [San Francisco Department of Public Health's Trauma-Informed Systems Initiative](#), a model to address trauma at the systems level. The [South Texas Trauma-Informed Care Consortium](#) is a collaboration between child-focused community-based organizations and the San Antonio Metro Health Department to address the impact of trauma. In addition, the [Boston Neighborhood Trauma Team](#) brings together individuals, families, and communities impacted by community violence.

STRATEGY 2

Create a way for residents to get immediate mental health assistance by phone or text. This can be accomplished through the creation of a three-digit prevention lifeline number⁹ (e.g., [988](#)) or a [crisis text line](#) for mental health and substance misuse services, such as the one created in New York City.¹³ These alternatives to national lines can be helpful for individuals seeking localized care.

STRATEGY 3



Collect and disseminate information for residents on where they can get help for mental health and substance misuse. For example, New York City put together a list of COVID-19 digital mental health resources on its [NYC Well](#) website. 311 operators should also be trained to connect callers to appropriate service providers when needed.

STRATEGY 4

Provide or facilitate small grants and/or technical assistance to community-based organizations to help them overcome challenges as they change their in-person services to virtual services.

RECOMMENDATION 4



Reduce stress, fear, and anxiety exacerbated by the economic fallout and financial insecurity of COVID-19 that affects Americans across socioeconomic groups and highlights systemic inequities.

STRATEGY 1



Offer and publicize free COVID testing that does not require an appointment or doctor's note to meet the needs of low-income and uninsured residents. In the wake of the Black Lives Matter protests, [Illinois offered free testing to all people](#), even those without symptoms. In [San Francisco, city officials set up free, pop-up mobile](#)

[testing](#) for those who were concerned about exposure. Leaders across all levels of government also need to help identify ways that low-income and uninsured people can access medical care as a result of long-term complications from COVID-19.

STRATEGY 2



Place an extended moratorium on evictions, rent, mortgage, and utility payments to support individuals facing the financial impacts of COVID-19. The moratorium should be coupled with a missed payment pay-back program that prevents balloon payments at the end of the moratorium period. [San Francisco is giving tenants until December 30, 2020](#) to make any missed rent payments due to the financial impacts of COVID-19. Princeton University's [Eviction Lab](#) lists all the changing eviction policies as a result of COVID-19.

STRATEGY 3

Create a network of community health workers¹⁴ to expand the capacity of already strained services and provide a much-needed source of income to those who have experienced job loss or reduction during this time. This community-based workforce can fill gaps in the public health infrastructure (e.g., contact tracers) and other critical community needs. Public-private partnerships should be leveraged to secure funding for the creation of this workforce. See [HealthBegins' Community-Based Workforce Strategy](#) for some guiding principles.

RECOMMENDATION 5

Augment the social safety net to ensure that social needs are met.

STRATEGY 1

Integrate social care with health care. Facilitate formal linkages, communication, and financial referral relationships between the health care and social care sectors. For example, [Health Leads](#) champions social health integration, establishing relationships with health care systems and community partners to ensure that patients' social needs are met alongside their health care needs.

STRATEGY 2

Provide assistance to residents experiencing food insecurity. Local leaders should provide locations for families to pick up meals that children would normally receive in school and through summer meals; partner with higher education institutions where students do not have access to subsidized meal plans, campus housing, or campus food services because of school closures; enlarge food pantries; set up curbside pick-up for WIC benefits; and facilitate Supplemental Nutrition Assistance Program (SNAP) sign-up. Examples of cities engaging in these policies include [New Orleans](#), [Indianapolis](#), and [Seattle](#).

STRATEGY 3

Repurpose unused hotels, dorms, or other facilities into emergency housing for individuals seeking shelter. [City and county officials in Austin, Texas, have set aside hotel rooms](#) for individuals experiencing homelessness who may need to quarantine or isolate if they are suspected of having COVID-19 or are at higher risk of infection.



LONG-TERM RECOVERY

The following recommendations can improve the vital community conditions conveyed in the “Framework for Excellence in Mental Health and Well-being” in *Healing the Nation*. Even though they may not be traditional mental health policies, they directly contribute to long-term promotion of health and well-being and prevention of disease and injury. Cities across the nation have currently enacted many of these recommendations even though some have been preempted by state or federal levels of government — that is, the “higher” authority has eliminated or reduced the authority of a “lower” jurisdiction on a given issue.¹⁵ COVID-19 and the ensuing trauma will be with the nation for years to come, and these recommendations can help city and county leaders build a healthier future.



RECOMMENDATION 1

Incentivize builders and real estate developers to create affordable, humane, and safe housing options through new construction or repair of existing properties.

STRATEGY 1

Use inclusionary zoning to require developers to set aside a portion of housing units for low- and moderate-income residents. While inclusionary zoning works best in “hot” markets to promote affordable options alongside new development, it’s an important policy for all cities to consider before demand outstrips supply. While six states expressly preempt inclusionary zoning and two others have invalidated the approach by court decision, inclusionary zoning remains an effective housing policy tool in cities such as Chicago, New York, and Los Angeles.

STRATEGY 2

Create affordable housing trusts that dedicate public revenue to create and sustain affordable housing. Trusts create a dependable source of affordable housing funding, help leverage other sources of funding, and provide flexibility in meeting local needs.¹⁶ Because housing trusts are typically funded by non-federal sources, they enable local jurisdictions to design programs that best meet their needs. Housing trusts can be used for preservation, new development of affordable rental/for-sale housing, homebuyer assistance, and rental housing subsidies.

STRATEGY 3

Institute proactive rental inspection (PRI) and code enforcement policies to ensure that all housing on the rental market is habitable. Under a PRI program, registered rental units are inspected on a periodic basis to ensure that they are safe and habitable. When housing violations are found, landlords are required to remediate them within a set period of time or before units can be leased again. PRI policies effectively reduce health risks associated with housing code violations. A study of PRI in North Carolina found a decline in complaints and violations as well as a 50 percent decrease in residential fires.¹⁷

STRATEGY 4

Pass source of income (SOI) protection laws that increase housing voucher acceptance by prohibiting discrimination based on income sources such as housing choice vouchers or other public benefits. SOI laws to help increase renter choice by enabling voucher holders to access housing in higher opportunity neighborhoods. Memphis, St. Louis, and Iowa City are examples of localities that have passed SOI laws.¹⁸



RECOMMENDATION 2

Create work environments that meet the health and safety needs of employees and address financial insecurity concerns. Long-term planning should include worker protection policies associated with health and wealth, including those for essential workers.

STRATEGY 1

Implement earned sick leave ordinances that require employers to allow people to take time off for illness or injury for themselves and other family members, such as spouses, domestic partners, children, or parents. Workers can use this time to see a doctor or to stay home until they are healthy enough to work again, without concern for lost wages or job loss. People without earned sick days are 1.5 times more likely to go to work with contagious illnesses.¹⁹ While many states have preempted paid sick leave policies, Los Angeles and San Diego both have both successfully passed earned sick leave ordinances.²⁰

STRATEGY 2

Increase the local minimum wage to a living wage based on the local cost of living. For example, New York City has set a minimum wage of \$15 an hour and Seattle has set a minimum hourly wage of \$13.50 to \$16.39, depending

on the size of the employer, to accommodate for the higher cost of living in those areas. The legal minimum wage in the United States is \$7.25 per hour, which is not enough to sustain a family in many urban parts of the country. Many states with higher-than-federal minimums also have acted to automate the process of adjusting the minimum wage, rather than leaving it to year-by-year legislative decision-making. In seven states, the minimum wage rises annually based on an inflation or cost-of-living index, with the intent of preserving the minimum wage's current purchasing power.²¹ While many states preempt raising the minimum wage, the Massachusetts Institute of Technology has a [living wage calculator](#) available to help determine the appropriate living wage for a specific metropolitan region.

RECOMMENDATION 3

Ensure that all people have access to green space.²² Higher levels of green space in a neighborhood are associated with significantly lower levels of depression, anxiety and stress.²³

STRATEGY 1

Institute “greening” interventions such as removing trash from vacant lots, planting grass and trees, and building low fences around perimeters. In a randomized

controlled trial in Philadelphia, a greening intervention showed a significant decline in the number of participants feeling depressed or worthless, especially in low-income neighborhoods.²⁴

STRATEGY 2

Set up programs that allow residents to purchase vacant lots after a period of improving them. In [St. Louis, there is a “Mow-to-Own” ordinance](#), in which individuals with a vacant lot contiguous to their home can choose to pay a \$125 fee to the city's land bank, the St. Louis Land Rehabilitation Authority. If the lot is maintained for two years, the deed to the land is transferred to them. In [Chicago, city residents can buy vacant lots for \\$1](#), provided they fence them, maintain them, and pay the annual property taxes.

STRATEGY 3

Join coalitions that advocate for access to green space. The [Trust for Public Land](#) advocates for all Americans to have a park no more than a 10-minute walk from their homes, the campaign is called the 10-minute walk challenge. [Children & Nature Network](#) invests in communities to drive innovative solutions and policy change to ensure children and families have access to nature.



POPULATIONS UNIQUELY AFFECTED BY COVID-19

Although the COVID-19 pandemic is taking a toll on all Americans, the mental health effects may be felt differently by certain populations. Below are eight focus populations that may require extra attention during the response and recovery, with population-specific recommendations.

- Health professionals and first responders
- Youth and families
- Formerly incarcerated individuals reentering society
- Individuals with substance use disorders
- Older adults
- Victims of intimate partner violence, child abuse, and elder abuse victims
- People of color
- Undocumented immigrants

This list is not exhaustive. These groups were selected as examples of populations whose well-being has been uniquely changed as a result of COVID-19. There is considerable overlap between these communities and essential workers, so many of the recommendations are broadly applicable. This is truly a global pandemic that is affecting all people regardless of race, religion, or creed. Many of the following strategies should be implemented now to meet immediate needs and maintained long term to create sustained resilience.



HEALTH PROFESSIONALS AND FIRST RESPONDERS

Health professionals and first responders, such as those working in public health departments and hospitals, are uniquely vulnerable to the mental health toll of this pandemic.^{25,26} These frontline workers are being overworked and are confronted with the most severe tragedies of the pandemic. Burnout, which was felt by a large number of health professionals prior to the pandemic, negatively impacts the mental health and subsequently patient care and retention of health professionals.²⁶ Furthermore, many health professionals and first responders have a “whatever it takes” and perfectionist mentality, which fosters an environment where seeking mental health services is seen as a sign of weakness.^{25,26}

RECOMMENDATION

Build resilience among health professionals and first responders by breaking down social and cultural barriers and ensuring that specific resources are created and set aside to meet their unique needs.

STRATEGY 1

Health system, health department, community health agency, fire, and law enforcement leaders should talk openly and honestly about the physical and mental traumas their workers at all levels have experienced due to COVID-19. This type of transparency can begin to break down the social and cultural barriers to seeking mental health care that exist among health professionals.

STRATEGY 2

Health leaders should ensure that distinctive mental health resources are dedicated to the health professional and first responder workforces. Due to the nature of their work, health professionals and first responders will need to process their experiences differently from the rest of the public.²⁵ Additionally, mental health providers who are dedicated to health professionals and first responders can focus their efforts, rather than switching gears between various populations with differing needs.²⁵

STRATEGY 3

Create peer support programs and groups as a way to provide specialized support to health professionals and first responders and extend the breadth of mental health services offered to this population. Peer support programs train health professionals to support their colleagues through adverse or emotionally stressful situations.²⁷ Research has shown that health professionals are most likely to seek support from each other during or after a crisis.²⁷ [Brigham and Women's Hospital](#) in Boston established a robust peer support program in 2008 that has been replicated in other hospitals.

YOUTH AND FAMILIES

The COVID-19 pandemic has completely disrupted the lives of youth and families, greatly impacting their well-being. Parents of young children are struggling to balance the roles of caregiving and working without the support of childcare and in-person school. Older youth are dealing with anxiety and the loss of many social benchmarks of childhood and adolescence, such as graduation and prom. Young children were abruptly separated from their friends, and many have become frustrated and confused as they try to comprehend the pandemic. Furthermore, many children are fearful that loved ones could fall sick or die as a result of COVID-19.

RECOMMENDATION 1

Enhance the ability of schools to address the mental health needs of youth and build their emotional intelligence.

STRATEGY 1

Ensure that all students have access to broadband internet and a usable device (e.g., laptop or tablet) to complete online assignments and remain connected to their schools. For example, [Des Moines Public Schools and Mediacom](#) shared the cost to provide broadband internet at no charge to as many as 1,800 student households that lack access.

STRATEGY 2

School leaders should implement [social and emotional learning \(SEL\) curricula](#) in online²⁸ and face-to-face formats²⁹. Adopting SEL curricula can help children and youth process their emotions and learn empathy, resilience, and relationship-building.²⁹ [Fall-Hamilton Elementary School](#) in Nashville uses a whole-child, trauma-informed SEL curriculum to address adverse childhood experiences among their students.

STRATEGY 3

Create comprehensive school mental health systems that promote positive school climates, social and emotional learning, and mental health and well-being and reduce the prevalence and severity of mental illness.³⁰ This public health approach to school mental health begins with hiring well-trained educators and specialized instructional support personnel (e.g., school counselors, social workers and school psychologists, school nurses, occupational therapists, and other professionals). It also requires that schools engage community partners to create a multi-tiered system of support that addresses the mental health needs of students within and outside of the school setting. Schools should consider adapting their mental health systems for distance learning to address students' immediate needs.

STRATEGY 4

Create school-based health centers (SBHC) to provide comprehensive primary care services in schools year-round. SBHCs provide medical, dental, social, and mental health services, and education to enrolled students and children of enrolled students.³¹ In 2016–17, there were 2,584 SBHCs located in the District of Columbia, Puerto Rico, and 48 states (all but North Dakota and Wisconsin).³²

RECOMMENDATION 2

Advocate for the needs of parents and caregivers who have been thrust into a world where they must balance work while simultaneously being forced to be educators, social workers, and parents.

STRATEGY 1

Local government, public schools, pediatricians, and other organizations that interact with families should work together to make sure parents are aware of local mental health and well-being services. Schools and pediatricians should encourage parents and caregivers to access telemedicine services to evaluate children who may be suffering from anxiety and other mood disorders.³³ Cities can also facilitate improving mental health integration within pediatric primary care. For example, [DC MAP \(Mental Health Access in Pediatrics\)](#) offers consultation and training to pediatricians to help them manage the mental health concerns of patients and their families.

STRATEGY 2

Employers should work with parents to adjust work schedules to maintain productivity while reducing additional stress. Parents taking care of children while working part- or full-time jobs are being stretched thin. Local leaders should communicate to the business community that the concept of 24/7 work or even “normal working hours” is unsustainable for parents with young children.³⁴



FORMERLY INCARCERATED INDIVIDUALS REENTERING SOCIETY

Even before the pandemic, formerly incarcerated individuals faced multiple barriers to reentering society. These pressures have only increased as correctional facilities across the country have released many incarcerated people to reduce the size of their populations and the spread of COVID-19.³⁵ Individuals reentering the community are also at high risk of experiencing mental health and substance-use problems, making them extremely vulnerable at this time.³⁶ Moreover, since the U.S. Department of Justice can refuse to fund “sanctuary cities” that do not share information with federal immigration authorities, cities are even more financially responsible for providing services to those leaving detention.³⁷

RECOMMENDATION

Swiftly strengthen, expand, and adapt reentry programming and procedures to provide individuals reentering society with services that support their physical and emotional needs and aid in stabilizing their lives at a time when society is largely unstable.

STRATEGY 1



Corrections administrators should encourage reentry planners and other corrections staff to use COVID-specific reentry checklists made specifically to help individuals effectively plan to transition back into society during this time. These checklists can cover basic needs, COVID considerations, legal considerations, and other health and treatment needs. See the Council of State Governments’ Justice Center for an [example](#).

STRATEGY 2

Corrections leaders should work with local Centers for Medicare and Medicaid Services (CMS) to expedite enrollment and reduce barriers to care often faced by those reentering the community.³⁸ This link is critical, especially in the COVID-19 era, to ensure a successful reentry³⁹ and reduce reliance on and burden to emergency departments for needs that can be fulfilled in a primary care or other ambulatory care setting.³⁸

STRATEGY 3

Local government officials should work with corrections administrators and housing and business leaders to ensure that individuals reentering society have housing that protects their health. Correctional systems should be encouraged to reassess probation and parole restrictions that require congregate housing, such as halfway houses where individuals might be living in close quarters.³⁸ Additionally, local government officials, corrections administrators, housing leaders, and business leaders should work together to shift resources to create other housing options, such as hotels, that allow for quarantine or isolation. For example, after testing positive, [an individual living at a halfway house in Fargo, North Dakota, was moved to a hotel](#).

INDIVIDUALS WITH SUBSTANCE USE DISORDERS

Individuals with substance use disorders often face challenges in receiving appropriate and effective treatment as they are more likely to experience homelessness, have a lower socioeconomic status, and be under- or uninsured.⁴⁰ Additionally, nearly half of those who experience a substance use disorder also have mental health challenges and vice versa.⁴¹ The pandemic has disrupted most addiction treatment and services, including support programs and peer groups that can aid recovery.⁴⁰ Almost twice as many unemployed individuals experience substance use disorders as those who are employed, and unemployment has skyrocketed because of COVID-19.⁴² Local leaders must ensure that individuals struggling with substance use disorders are able to get necessary support and treatment and access the tools to prevent overdoses and other crises.

RECOMMENDATION 1

Increase access to naloxone, the opioid overdose reversal drug.

STRATEGY 1



Make naloxone readily available in public places such as post offices, libraries, and recreational centers in addition to providing it to law enforcement and first responders.⁹ In September 2019, Philadelphia hosted a series of [naloxone giveaway days](#) in collaboration with the Free Library of Philadelphia, where health department staff distributed free naloxone and trained individuals on administering it. Philadelphia's health department also leads regular naloxone trainings for the public, including virtual trainings during COVID-19.

STRATEGY 2

Local elected officials should partner to advocate for a state-wide collaborative pharmacy practice agreement that allows pharmacists to prescribe naloxone to at-risk individuals without a prescription from a medical provider. See the [collaborative pharmacy practice agreement](#) enacted in Tennessee.

RECOMMENDATION 2

Increase access to evidence informed treatments for opioid use disorder, specifically methadone and buprenorphine, which have been shown to save lives.⁴³ Regulatory changes that have been adopted to increase access during the COVID-19 pandemic should be made permanent.

STRATEGY 1

Advocate for state-wide approval for take-home dosing of methadone for the treatment of opioid use disorder. The [Ohio Department of Mental Health and Addiction Services worked with Substance Abuse and Mental Health Services Administration \(SAMHSA\) to define cases](#) in which take-home dosing should be approved.

STRATEGY 2

Local leaders should work with health systems to increase buprenorphine or improve the care provided to people following an overdose. Buprenorphine training can be completed online, which further supports physical distancing recommendations, and buprenorphine induction can now be done via telemedicine.

STRATEGY 3

Officials should ensure comprehensive drug treatment is offered in all correctional facilities. In Rhode Island, in the year following implementation of a program that offered methadone, buprenorphine, and naltrexone within its unified prison/jail system, the [state's Department of Corrections observed a 60 percent decrease in overdose deaths among those recently incarcerated](#).

RECOMMENDATION 3

Increase opportunities to safely dispose of unused medications to reduce unintended adverse effects such as misuse or experimentation by children, teens, and young adults or detrimental medication interactions often caused by taking a stored medication without physician or pharmacist knowledge.⁴⁴

STRATEGY 1



Host a local [Drug Take Back Day](#) event that honors social distancing requirements but allows individuals to safely dispose of unused medications. While the April 2020 Drug Enforcement Administration Spring Take Back Day was cancelled due to COVID-19, and it is possible that future take back day events will be cancelled as well.

STRATEGY 2



Install permanent drug donation boxes in a variety of public places, such as post offices or libraries. In many jurisdictions, permanent drug donation boxes exist mainly at law enforcement facilities, which can be a barrier to use.⁴⁵

RECOMMENDATION 4

Regulate alcohol sales to reduce long-term dependence and combat new drinking patterns. Temporarily lifted restrictions on alcohol sales that have allowed for pickup and delivery of alcoholic products have provided much-needed relief to restaurants and small business.⁴⁶ However, with in-store alcohol sales up 26 percent and online sales up 477 percent at the end of April,⁴⁷ substance misuse experts are concerned there will be dangerous consequences.⁴⁶

STRATEGY 1

Limit per-person alcohol purchase quantity, as many grocery stores do with items like toilet paper and eggs. The World Health Organization warns that drinking alcohol makes people more susceptible to the coronavirus, and is urging governments to uphold, or even strengthen, restrictions on buying alcoholic products.⁴⁸

STRATEGY 2

Strengthen age verification procedures for online alcohol sales to address concerns about youth consumption. Before the pandemic, one study found that 59 percent of online vendors used weak, if any, age verification. Age verification at delivery was not always done and failed more than half the time it was attempted.⁴⁹

OLDER ADULTS

Social isolation and loneliness in older adults was well documented as a public health issue even before the onset of the pandemic.⁵⁰ AARP found that 1 in 3 adults age 50 to 80 reported feeling a lack of companionship at least some of the time, and 27 percent said they sometimes or often felt isolated.^{51,52} Existing mental health issues in the era of COVID-19 can be exacerbated by the need to limit social interactions; awareness that older adults are more at risk of death; openly ageist dialogue about the expendability of older people; and general anxiety related to the pandemic.

RECOMMENDATION 1

Increase access to easy-to-use technology and/or provide technology training to older adults to help them remain connected to family, friends, their community, and health providers. Once older adults master technology, many make the internet a regular part of their daily lives.⁵³

STRATEGY 1

Mobilize volunteers to keep older adults connected and reduce feelings of loneliness. Community-based organizations, such as faith-based organizations and local senior centers, should mobilize volunteers to provide technology training and/or friendly check-ins over the phone. For example, the [Baltimore Neighbors Network](#), an alliance of community partners, trains volunteers to provide company and refer older adults to community resources by phone.

STRATEGY 2

Leaders in senior services should work with the business and technology communities to provide specialized, easy-to-use technology to older adults who might need it. For example, older adults who are hard of hearing may need a transcribing phone to maintain conversations.

RECOMMENDATION 2

Facilitate virtual civic engagement and learning programs and telehealth service delivery to decrease depression/anxiety and increase feelings of personal agency and purpose.

STRATEGY 1

Offer virtual participatory arts, exercise, and learning programming directed to older adults and their specific needs. For example, [Around Town DC](#) is an event directory that offers learning, fitness, and arts programming online for adults ages 60 and up.

STRATEGY 2

Provide volunteering opportunities. For example, the [Illinois Retired Teachers Association](#) has organized for its members to provide virtual tutoring sessions to students.

STRATEGY 3

Enable access to virtual telehealth services. [Clinicians can use the help of a family member, caregiver, or friend before the telehealth visit to familiarize older adults with video-call technology.](#) Alternatively, mental health professionals serving older adults can provide services over the phone.

VICTIMS OF INTIMATE PARTNER VIOLENCE, CHILD ABUSE, AND ELDER ABUSE

The response to COVID-19 is exacerbating the conditions that often lead to abuse, such as isolation, stress, economic anxiety, job loss, and substance use.⁵⁴ Since the start of the pandemic, the rates and severity of intimate partner violence, child abuse, and elder abuse have increased. It is projected that a lockdown duration of three months leads to a 20 percent increase in violence, or an additional 15 million cases.⁵⁵ Strategies used to fight COVID-19, specifically stay-at-home orders and home isolation, have left victims more vulnerable. Abusers are able to easily take advantage of common tools of intimate partner violence such as isolation, constant surveillance, strict rules for behavior, and restrictions to basic necessities.⁵⁶ Children have been left to fend for themselves without common reporters of child abuse looking out for them, such as teachers, coaches, and other trusted members of the community.⁵⁷ Elders and their caregivers are experiencing increased stress and loneliness, which are known risks to increased physical and financial elder abuse.⁵⁸

RECOMMENDATION 1

Increase awareness and availability of resources to report and exit abusive situations.

STRATEGY 1



Leaders should consider openly discussing the underlying causes and consequences of abuse using a framing method called an [explanatory chain](#). This approach starts a few steps back from the problem being highlighted, explains systems-level causes, and highlights collective solutions to garner a deeper understanding of the issue.

STRATEGY 2

Local government officials, abuse victim advocates, and abuse shelter administrators should work with the housing and business sectors to create other emergency shelter options, such as hotels or dorms that are otherwise unoccupied at this time. In Chicago, Mayor Lori Lightfoot [forged a partnership with Airbnb](#) to provide emergency housing to individuals who need to leave violent situations.

RECOMMENDATION 2

Adapt victim safety nets and support systems and other interventions to prevent and address abusive situations.

STRATEGY 1

Leaders in health care should work with victim advocates and social workers to screen patients for abuse or mistreatment, even in telemedicine appointments. For example, the [American College of Surgeons advocates for the use of the SAFE screening technique](#). SAFE stands for four focus areas for screening patients: Stress/Safety, Afraid/Abused, Friends/Family, and Emergency. For telemedicine appointments, the [Canadian Women's Foundation](#) developed a one-handed sign someone can use to signal for help.

STRATEGY 2

Abuse victim advocates should partner with social workers, faith-based organizations, and other community-based organizations to set up networks to check in via phone or video chat with at-risk individuals. A faith-based organization in the Bronx, New York, did just this, creating intergenerational [“Emunah Groups”](#) of seven families or individuals to check in and support each other through a one-hour call once a week.

STRATEGY 3

Advocates for abuse victims should work within their networks to come up with creative interventions that could mitigate and prevent abusive situations. For example, the Butler County Alliance for Children in Butler, Pennsylvania, started the [Play Safe, Stay Safe Initiative](#) to collect and deliver games to at-risk families to facilitate bonding, family time, and entertainment.



PEOPLE OF COLOR

Mental health and substance misuse impact all people regardless of race. Although anyone can develop a mental health problem, Black Americans sometimes experience more severe forms of mental health conditions due to unmet health and social needs and other barriers that result from systemic racism. According to the U.S. Department of Health and Human Services' Office of Minority Health, Black Americans are 10 percent more likely to experience serious psychological distress as compared to white people.⁵⁹ The recent attention to police violence toward Black Americans has also heightened mental health issues during COVID-19. While Latinx communities show similar susceptibility to mental illness as the general population, they experience disparities in access to and quality of treatment. This inequality puts Latinos at a higher risk for more severe and persistent forms of mental health conditions.⁶⁰

RECOMMENDATION

Engage communities of color in authentic and meaningful ways that acknowledge their cultural norms.

STRATEGY 1

Co-create targeted and culturally appropriate messages to different communities to reduce barriers and stigma to accessing treatment. [Michigan's Department of Health and Human Services](#) recommends a number of ways to accomplish this, such as finding trusted community messengers to disseminate information or partnering with community-based organizations to tailor materials.

STRATEGY 2



Engage faith-based organizations,⁶¹ a pillar of many communities, to identify and respond to specific needs. Faith-based organizations should promote awareness of mental health issues; support individuals with mental health issues and encourage them to seek help; strengthen the connections between mental health services and their communities; and positively influence attitudes about mental health conditions and those who experience them.⁶¹ See the [SAMHSA Faith-based and Community Initiatives](#) for more information about ways to engage the faith community around well-being and substance misuse.

UNDOCUMENTED IMMIGRANTS

Mental health and substance misuse issues affecting minority communities are often compounded by the effects of poverty and immigration status. In 2017, immigrants living in the U.S. made up 13.6 percent of the nation's population and more than half (50.6 percent) were not citizens.⁶² Undocumented immigrants face the greatest challenges because they are unable to access federal financial assistance, including unemployment benefits, and many are afraid to seek needed medical care and social services due to fears of being deported or denied permanent residency. A study conducted among undocumented Mexican immigrants found that almost one-quarter (23 percent) met the criteria for a mental health disorder, most commonly depression and anxiety.⁶³ The lack of resources and unwillingness to seek help experienced among a majority of undocumented immigrants, puts these individuals at higher risk for both the physical and mental effects of COVID-19.

RECOMMENDATION

Protect undocumented immigrants from enforcement authorities and provide needed financial, health care, and social services support.

STRATEGY 1

Local government and organizations should terminate any form of collaboration and communication with immigration enforcement authorities during the pandemic to encourage immigrant use of social services.

STRATEGY 2

Create dedicated economic assistance funds for undocumented individuals and mixed-status households. Since undocumented people cannot access stimulus funds from the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act, many undocumented and mixed-status families may face major financial burdens during the pandemic. Both California and Illinois have created financial assistance funds, as have some nonprofits.⁶⁴

STRATEGY 3



Mobilize mental health professionals, community health workers/*promotoras*, and/or trained volunteers to provide virtual wellness gatherings and/or phone-based support. California offers mental health services, as well as virtual wellness sessions where facilitators provide educational and interactive activities for young undocumented people.

CONCLUSION



The recommendations and strategies in this action guide can be implemented now during the COVID-19 response and later during the recovery to address the collective mental health challenges of this era. This work will be difficult and long-standing as the nation and the world deal with the physical, mental, and economic impacts of the pandemic. There is no one-size-fits-all solution, so local leaders will need to tailor these recommendations to fit their communities' needs. Solutions should take a collaborative approach, engaging all facets of the community from political leaders to faith-based institutions to community members to address the challenges of their communities. Given the reality of human and financial constraints, the best place to start this work is simply by talking about the personal and collective mental health challenges and well-being of our nation. Hopefully this guide encourages local leaders to think creatively and innovatively to help their cities and counties begin the process of healing.

For more general and COVID-specific information about well-being and substance misuse please see the following resources:

- [The Path Forward for Mental Health and Substance Use - Health Equity Demands Improved Access and Better Treatment](#)
- [Healing the Nation: Advancing Mental Health and Addiction Policy](#)
- [Thriving Together: A Springboard for Equitable Recovery and Resilience in Communities Across America](#)
- [Pain in the Nation: The Drug, Alcohol and Suicide Crises and the Need for a National Resilience Strategy](#)
- [COVID Minds Network: Global Mental Health in the COVID-19 Pandemic](#)



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