

Testimony of Elinore F. McCance-Katz MD, PhD

Hearing: Americans in Need: Responding to the National Mental Health Crisis

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Thank you for the opportunity to speak about the current mental health crisis in the United States. The COVID-19 pandemic has caused unprecedented stressors to be experienced by the American people. Mitigation strategies put in place to try to reduce disease and death related to viral infection were important, but unfortunately lacked a balanced approach that considered all health and mental health needs of people. Millions lost their employment and their income, experiencing great financial stress, all experienced the inability to participate in so many activities that give meaning to our lives. Millions contracted this illness and hundreds of thousands died contributing to fear, anxiety and depression. As we emerge from the pandemic these situations have resulted in what is now a mental health crisis—one that for many is fueled by substance abuse and addiction. I believe that, to a great extent this could have been avoided. I say this because there existed a literature that told us the mental health costs of isolation and quarantines. This review of scientific studies published just prior to the start of COVID-19 mitigation programs in the United States told us that people experienced mental health effects following as little as 9 days of isolation (1). For health care workers studied after required isolation periods following exposure to an infectious agent, quarantine was the factor most predictive of the development of symptoms of acute stress disorder, anxiety, irritability, and reluctance to work. As an aside this study also laid the foundation for what we are seeing today--an exodus of healthcare workers over the course of this pandemic. For some alcohol abuse was found to be long-term—as much as three years after quarantine. Many subjected to such restrictions remained reluctant to re-engage in normal life activities following quarantine; for example, ongoing avoidance of public spaces. The most severe symptoms were in those with a history of psychiatric disorder and the longer the quarantine, the more severe the symptoms.

As we look to understand the current situation, SAMHSA's National Survey on Drug Use and Health (2) showed that substance use disorders fully doubled in 2020 from pre-pandemic 2019 data--a 100% increase in alcohol and illicit drug use disorders. Although SAMHSA caveats the findings because of updating the system to use current diagnostic criteria, it is important to note that this survey is a household survey which means it does not capture data from some groups that we know have high rates of substance use disorders: the homeless, those incarcerated, individuals living in institutions. So the National Survey on Drug Use and Health potentially underestimates of the extent of substance abuse issues in our country. As a further indicator of the severity of illicit drug use issues nationally one only need look at the substantial increases in deaths from drug overdoses in 2020 relative to 2019--an increase of nearly 30% year over year (3). Further, there was a 20% increase alcohol sales during lockdowns relative to 2019 (4) — that's at home drinking often in isolation.

The data on increases in substance use and misuse is important because of the intersection of substance use and mental disorders. Co-occurring disorders--that is simultaneous occurrence of

mental and substance use disorders are increasingly common. Substance abuse induces changes in the brain that often are associated with depression, anxiety, and psychosis. Those with pre-existing mental illness or vulnerability to mental illness who use substances will experience more severe episodes. Combined stressors of social isolation and disease-related fears occurring in the context of large increases in illicit drug and alcohol availability have contributed to an upsurge in substance use and mental disorders.

I want to emphasize that legislation passed by Congress to address the pandemic was key to maintaining mental healthcare when our healthcare system was essentially closed. For example, making medical care by telehealth including use of the telephone preserved access and ongoing care while reducing stigma particularly for drug users needing treatment. The ability to make FDA-approved medications for opioid use disorder more easily available saved lives. It is my hope that Congress will permit these innovations to stay in place with guardrails to diminish risk of fraud—designing systems where patients have an option for hybrid telehealth and in-person visits should become permanent.

As our country opens up again, we must make treatment resources available to those in great need. Fully addressing the brain diseases that are mental and substance use disorders requires psychiatric medical treatment—and knowing this, we must take immediate action to reconstitute the behavioral health workforce necessary to provide psychiatric and social services to help Americans recover from these illnesses.

In the future, I think it is a certainty there will be more pandemics. As a nation, we should review actions taken over the past two years, determine what has been effective and what has not—we should learn from our experiences, make behavioral health a national priority, recognize that consideration of behavioral health needs must be part of any pandemic response, and prepare now for the next pandemic.

## **Literature Cited**

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