

These cities are among most vulnerable in US to COVID-19 mental health consequences, report suggests

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Camden, N.J.; Allentown, Pa.; and Reading, Pa., have been identified as cities where COVID-19 vulnerability and poor mental health overlap,

according to a new report published this month by Mental Health America and the Surgo Foundation, a health nonprofit focused on data science.

Worsening [mental health](#) due to COVID-19 has become an area of serious concern to [health officials](#). A recent report by the U.S. Centers of Disease Control and Prevention found that 40% of Americans surveyed said they struggled with at least one adverse mental health condition during the pandemic. Symptoms of depression and anxiety were the most commonly reported.

The new report aims to identify cities and geographical areas that had a high prevalence of poor mental health before the pandemic, according to CDC data, and therefore are more likely to be negatively affected by the stresses of COVID-19. In Camden, the report found that 84% of residents live in "highly COVID-vulnerable neighborhoods" with high rates of poor mental health. In Reading and Allentown, those percentages were 78% and 61%, respectively. Other cities highlighted in the report include Detroit, Trenton, N.J., and Syracuse, N.Y.

"The cities don't have a ton in common, but there is a little bit of a concentration in the Rust Belt," said Christine Campigotto, program manager at Surgo who led the analysis. "A lot of that concentration is driven by poor mental health rates in quite a few cities in New Jersey, Pennsylvania, and Upstate New York. But it's important to note that this doesn't necessarily mean that these cities will have higher case rates and death rates, or that the virus itself would spread more quickly in those communities."

The report analyzed data from the COVID-19 Community Vulnerability Index (CCVI), a tool developed by Surgo to identify communities that are less likely to overcome a coronavirus outbreak due to poor socioeconomic and health factors. The CCVI is modeled on the CDC's

Social Vulnerability Index, which aggregates four factors - [socioeconomic status](#); household composition; disability; language and minority status, and housing type - to determine which populations are most at risk during a public health crisis. Surgo researchers added two additional factors specific to COVID-19 risk.

"The first theme we added was a number of indicators around epidemiological vulnerability, things like underlying chronic conditions that are comorbidities with COVID-19, such as obesity, or places where there are high annual deaths from the seasonal flu," Campigotto said.

"The second theme involved access and health-care systems, so this included data on how much money is spent per person in health care, the number of ICU beds, and health insurance rates."

The data from the CCVI were then combined with data from Mental Health America's national rankings on how much access to mental health care exists within a state to determine the cities that were the most vulnerable.

Theresa Nguyen, program officer and vice president of research and innovation at Mental Health America, said, "Insurance and the shortage of providers are the two largest barriers."

"We often see that people want mental health care, but they can't access it. It's not stigma. It's not necessarily fear," Nguyen said. "The infrastructure either doesn't exist, or if it does exist, it's so challenging to navigate that people choose not to."

In Pennsylvania alone, more than 1.7 million people live in areas with a shortage of [mental health care](#) providers, according to KFF, a health-policy nonprofit. The Association of American Medical Colleges also estimates that the United States may be facing a shortage of up to 15,600 psychiatrists by 2025.

One way to address this problem would be to build up the workforce in mental health by incentivizing a pipeline, Nguyen said.

"We need more funding to help people choose to go into mental health as a growing field," she said. "From a policy perspective, we need to look at the reimbursement rate for mental health services and make sure they're on par with physical health. Our problem right now is that there's so much need and so few providers, and because insurance companies don't incentivize people to take insurance, we lose out access."

Campigotto stressed that the report was not a prediction of an unavoidable mental [health](#) crisis.

"This is not a foregone conclusion, by any means," she said. "If we take care to slow the spread of the pandemic in the first place and improve access to mental [health care](#) because we acknowledge that there will be a period of grief and difficulty for people for years to come, there's still a lot we can do to prevent this."

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