



Examining COVID-19's Impact on Our Mental Health

July 31, 2020 - As the majority chairman of the House Human Services Committee, I held an informational meeting to examine the impact of the COVID-19 pandemic on the mental health and well-being of Pennsylvania residents and how the mental health community is addressing those needs – particularly in rural areas.

Representatives of the Pennsylvania Department of Human Services, doctors of psychiatry, and county and private mental health services providers throughout the Commonwealth testified about rising levels of financial distress, anxiety, depression, insomnia and unresolved grief during the pandemic. They said isolation caused by the statewide shutdown and stay-at-home orders have contributed to an increase in substance abuse and relapse, despair and thoughts of suicide. Children are also experiencing fear, nightmares, anxiety and regressive behavior such as bed wetting.

According to Kristen Houser, deputy secretary of the Office of Mental Health and Substance Abuse in the Pennsylvania Department of Human Services, admissions to psychiatric hospitals and treatment centers have been down during the pandemic. She said telehealth, which enables doctors to consult with patients over the phone, computer or tablet, has been particularly helpful in cases where patients fear leaving home and risking exposure to COVID-19.

Dr. Erika Saunders, who chairs the Department of Psychiatry and Behavioral Health at Penn State Health, concurred that “telehealth has been enormously helpful in certain circumstances,” but not the more serious cases that require hospitalization. She also said access to technology is an issue that must be addressed for telehealth to be widely available in rural areas of the Commonwealth.

Paul Denault, president of Northern Tier Consulting, echoed Saunders’ remarks concerning the lack of broadband access and poor reception in rural Pennsylvania. He said telehealth has many advantages, but he said it is not very effective in engaging children, particularly children with autism, or adults with substance abuse issues. “Couples counseling? Forget it,” he said, “We cannot assess for safety.”

I asked Denault about the unique dynamics of mental health treatment in rural Pennsylvania.

“In the three counties that we serve, poverty is a leading problem. A lot of the farms have gone out of business, so we see a lot of depression with the farm culture in the rural areas,” Denault said. “It is difficult to recruit and retain psychiatrists and staff in rural areas due to the lack of amenities. Finally, 50% of my workforce is mobile and makes home and school visits for children at risk of abuse, incest, neglect, not being fed or a drug situation -- the worst of the worst. A lot of that ‘on-the-road time’ is not paid for. It’s a noble profession, but in the rural areas, we have to be a lot more creative.”

Please know that I and my committee will continue exploring these issues to come up with solutions.