The COVID-19 pandemic is exacting a heavy toll on the mental health and wellbeing of our patients and community that is just beginning to be recognized. Physical distancing and other efforts to “flatten the curve” have strained the social fabric by limiting socialization, worship, recreation, mourning, and other mechanisms to cope through difficult times. Our most affected patients are our most vulnerable patients, including those who are disadvantaged due to long-standing structural inequalities, stigma, and discrimination. These patients and the rest of San Diego look to UC San Diego for guidance and leadership in this crisis.

For UCSD Health to better address the growing psychosocial challenges caused by COVID-19, the Chair’s Advisory Committee on Diversity Issues for the Department of Psychiatry convened a small working group to examine potential disparities in care exacerbated by COVID-19 and make practice recommendations to reduce vulnerabilities and strengthen resilience. We recognize that broader efforts to redress structural barriers are needed, and we hope that funding earmarked to address the COVID-19 crisis will catalyze systemic solutions (e.g., community-based testing, isolation housing, and healthcare access for un/under-insured). Our focus here is on more immediate solutions to the psychosocial dimensions of the response to the pandemic. This is a summary of the working group’s findings and recommendations.

Goal 1: Prevent an exacerbation of historically-rooted healthcare disparities in responding to COVID-19

Observations: People who are Latino, African American, and Pacific Islander in San Diego are testing positive for COVID-19 at higher rates than White or Asian Americans (80-200 per 100,000 vs ~60 per 100,0001); those who are Asian American are experiencing xenophobia related to the virus’s initial identification in China. People who are from minoritized groups, undocumented, experiencing homelessness, or living with mental disorders are more vulnerable to poor mental and physical health outcomes and stigma from COVID-19.

Concerns: Increasingly, issues of unequal access and discrimination surrounding COVID-19 testing, contact tracing, and care are being raised. Even if these are not common at UCSD, the possibility of unequal treatment could lead patients to fear that our hospitals and clinics are not safe and generate mistrust toward the health system and COVID-19 response and clinical trials, resulting in greater health disparities and viral spread.

Recommendations: Reduce disparities and enhance inclusion by (a) appointing a health equity advocate to serve in a health system administrative capacity and on the COVID-19 response team, (b) creating a COVID-19 Community Advisory Board inclusive of patients and UCSD provider-advocates, and (c) hiring community health workers to conduct contact tracing. (d) Train members of COVID-19 testing, tracing, and treatment teams in unconscious bias, open and empathic communication, and trauma-informed approaches to care.

Goal 2: Provide efficient and sensitive guidance to patients affected by COVID-19

Observations: Many persons, especially those from vulnerable groups, face difficulties with physical distancing and self-quarantine, some of which result from structural inequalities. For example, reliance on public transportation, lack of internet or phone service, low-paying and high-contact essential work, and high-density living quarters may limit access to testing or care and make it difficult to follow health guidelines.

Concerns: Physical distance messaging and recommendations to self-quarantine can generate anxiety, frustration, and alienation among those who are unable to follow these recommendations.

Recommendations: (a) Reorient provider guidance, asking first for the patient’s perspective on what strategies for physical distancing and/or isolation they can feasibly observe and then exploring what additional resources might be available and acceptable to the patient to help them stay safe and protect their loved ones. (b) Make sure that any written materials are available in multiple languages and are free of bias or assumptions.

Goal 3: Address the unique needs of patients suffering from mental health or substance use problems

Observations: People with severe mental or substance use disorders are more likely to experience poor access to healthcare and testing, medical comorbidities, and homelessness or group housing.

Concerns: Psychosocial conditions increase exposure to and transmission of COVID-19, and comorbidities may increase risk of poor outcomes. Motivational deficits, at times a symptom of mental or substance use disorders, may affect adherence to recommendations. Living situations may make isolation impossible.

Recommendations: In addition to attention to psychosocial needs, (a) advise current mental health providers of the patient’s COVID-19 status, or (b) offer to facilitate referral to psychiatric services for persons with mental illness or substance use problems testing positive for COVID-19 at testing sites, clinics, or hospitals. (c) Check in with patients about their emotional wellbeing when contacted for follow-up.

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1 As of 4/26/20; County of San Diego Health and Human Services Agency, Epidemiology and Immunization Services