



American Mental Health Counselors Association

March 11, 2020

The Honorable Michael R. Pence
Vice President of the United States
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

The Honorable Alex M. Azar II
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Vice President Pence and Secretary Azar:

The American Mental Health Counselors Association (AMHCA), composed of 7000 Licensed Clinical Mental Health Counselors, are front-line Primary Mental Health Care Providers who provide behavioral health care services for the betterment of mental health and well-being. Clinical Mental Health Counselors are uniquely positioned to help address the behavioral health-related dimensions of health care issues. We stand ready to assist you in addressing the needs of all Americans as part of your challenge to deal with the coronavirus outbreak.

As part of the U.S. Government's efforts to prepare our country for a possible Coronavirus (COVID-19) pandemic, the American Mental Health Counselors Association (AMHCA) urges you to fully address the cognitive and mental health dimensions of this unfolding public health crisis. COVID-19 is already testing public health systems in countries around the world. If the virus spreads further in the U.S., as appears likely based on recent reports, it will put severe stress on our health care system. This stress will be exacerbated—and could become unmanageable—if federal, state, and local governments fail to acknowledge inherent cognitive biases,¹ which can turn reasonable fear into panic and hysteria. If such panic takes hold, our public health systems could be quickly overwhelmed, thus undermining response efforts to COVID-19.

The U.S. Government must communicate clear information based on science, taking great care to counter myths and falsehoods. For example, during the SARS epidemic, despite a survival rate of more than 80%, one community survey revealed that only a quarter of people in that community believed they would survive if they were infected.² To that end, research conducted after the SARS epidemic concluded that efforts to educate the public “must take into account background perceptions of risk and anxiety levels of the public at large.”³

We urge the government to take steps to address the mental health consequences of COVID-19 during the current crisis and beyond. In a survey of Hong Kong residents about SARS, nearly two-thirds of respondents expressed helplessness, with nearly half saying their mental health had severely or moderately deteriorated because of the epidemic. Over 16% demonstrated posttraumatic stress symptoms.⁴ Similar effects should be anticipated in the U.S. if COVID-19 begins to significantly spread.

Tele-mental health and online mental health services and resources will be particularly critical given the possibility that significant populations may be quarantined or otherwise isolated in ways that could interrupt the availability of in-person services.

Special attention should also be paid to older populations, those with development disabilities, and any other group with limited access to resources or who may be more likely to experience post-traumatic stress symptoms due to COVID-19.⁵ It is also vital to take steps to maintain medication access for individuals with behavioral health disorders during the outbreak.

Finally, it is important to consider the needs of those with existing mental health conditions who may have heightened psychological distress over COVID-19, especially older adults with mental health conditions. Congress should pass legislation immediately so that all licensed mental health care providers are recognized under the Medicare program, expand tele-mental health services, and loosen restrictions on interstate practice to anticipate the needs of older adults and those with behavioral health conditions who are extremely vulnerable during an epidemic like the coronavirus. We need a strong mental health workforce for the elderly at all times. Older Americans with severe psychological distress that harms their health and well-being should have broad access to providers so they receive the services they need.

Your efforts are essential to saving lives and reducing the potential psychological harms associated with COVID-19. Clinical Mental Health Counselors are ready assist you in addressing the cognitive and mental health dimensions of this possible pandemic.

Sincerely,



Eric T. Beeson, Ph.D., President
American Mental Health Counselors Association (AMHCA)

¹ Ropeik D, "How our brains make coronavirus seem scarier than it is," *Washington Post*, January 31, 2020, <https://www.washingtonpost.com/outlook/2020/01/31/how-our-brains-make-coronavirus-seem-scarier-than-it-is/>.

² McAlonan GM, Lee AM, Cheung V, Wong JW, Chua SE, "Psychological morbidity related to the SARS outbreak in Hong Kong," *Psychological Medicine*, 2005 Mar;35(3):459-60, <https://www.ncbi.nlm.nih.gov/pubmed/15841880>.

³ Leung GM, Lam TH, et al. "The impact of community psychological responses on outbreak control for severe acute respiratory syndrome in Hong Kong." *J Epidemiol Community Health*. 2003 Nov;57(11):857-63, <https://www.ncbi.nlm.nih.gov/pubmed/14600110/>.

⁴ Lau JT, et al. . SARS-related perceptions in Hong Kong. *Emerging Infectious Diseases*. 2005 Mar;11(3):417-424.

⁵ Lee TM, Chi I, et al., "Ageing and psychological response during the post-SARS period," *Aging Mental Health*. 2006 May;10(3):303-11, <https://www.ncbi.nlm.nih.gov/pubmed/16777659>.