

COVID-19 and Behavioral Health

A closer look at Blue Cross Blue Shield of Michigan trends and data

September 2020

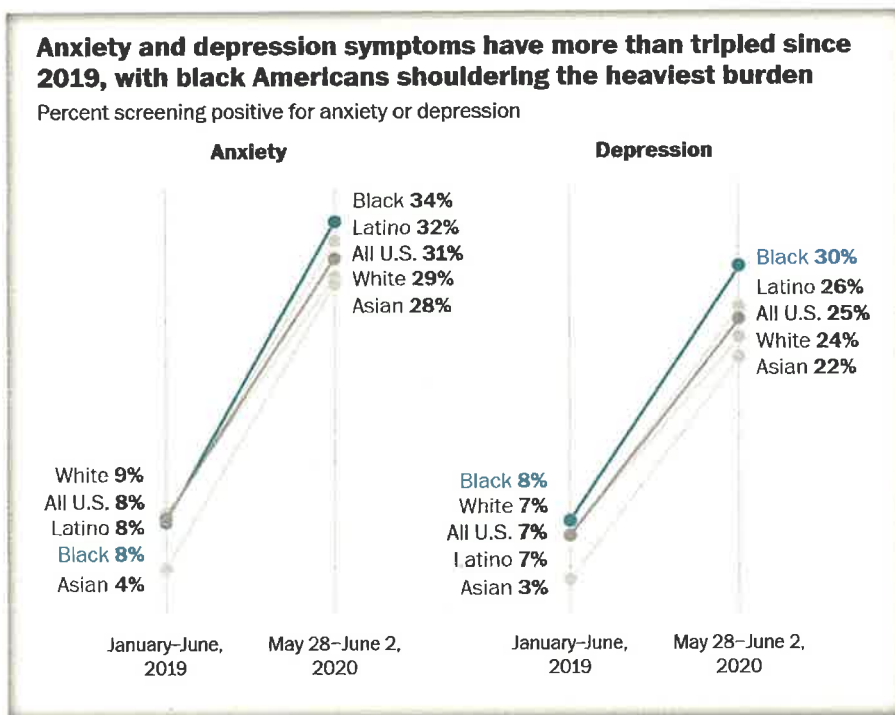
With the outbreak of coronavirus disease (COVID-19), the varying outcomes have triggered an increased need for mental health services.

From government stay-at-home orders to transitioning to a work-from-home environment, individuals faced a higher degree of social isolation. This was compounded with record-breaking unemployment and job insecurity, leaving many concerned about their financial future.

The purpose of this brief is to provide a glimpse into the important behavioral health trends associated with the COVID-19 pandemic from both a national and enterprise perspective.

Behavioral health disparities

Rates of depression and anxiety symptoms have more than tripled since COVID-19 hit. Rates among minority populations appear to be most significantly impacted with rates increasing nearly fourfold since January. One surprising finding in the new census data was that Asian Americans experienced the largest one-week change in anxiety and depression symptoms of any racial or ethnic group. Asians had the lowest rates of depression in 2019 — just 3% screened positive — but that rate has increased sevenfold during the pandemic.¹



3x

Rate of depression and anxiety in the **general public** since COVID-19 hit the United States.

4x

Rate of depression and anxiety in **minority populations** stemming from COVID-19 in the U.S.

7x

Rate of depression and anxiety symptoms in **Asian Americans alone** as a result of COVID-19 in the U.S.

Unemployment

McKinsey & Company conducted a consumer survey to determine the extent to which COVID-19 has impacted mental health. Widespread distress reported among respondents was exacerbated even further among those whose jobs have been adversely affected by COVID-19. This confluence of factors poses an unprecedented threat to the current and future health of our society.²

Length of Unemployment	Proportion of Group that have been / currently are being treated for depression
Unemployed 2 weeks or less	11.1%
Unemployed 3 to 5 weeks	10.0%
Unemployed 6 to 11 weeks	13.0%
Unemployed 12 to 26 weeks	15.7%
Unemployed 27 to 51 weeks	17.0%
Unemployed 52 weeks or more	19.0%

Substance use disorder

During these uncertain times, those with substance use disorders, whether related to alcohol or other drugs, are particularly vulnerable. The stress from social isolation and other COVID-19 related life changes can lead to or worsen substance use and misuse. There are also health risks resulting from chronic alcohol or drug use as it weakens the immune system and puts stress on the body's cardiovascular and respiratory systems. Consumer data suggests that substance use may be on the rise during the COVID-19 pandemic.

Since the 3rd week in March^{3&4}:

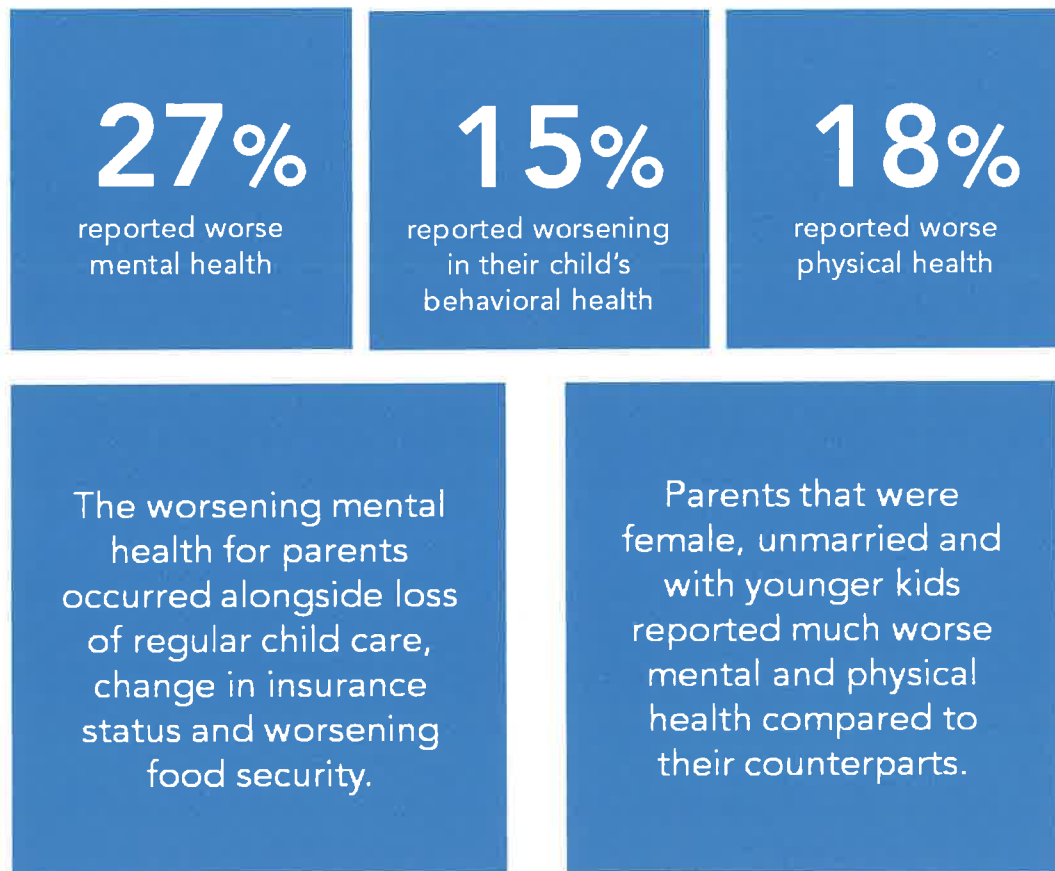
- Alcoholic beverage sales increased by **55%**
- Ready-to-drink cocktails rose by **75%**
- Compared to one year ago, purchases of 24 and 30 packs of beer grew by **90%**
- Wine sales increased by **66%** from one year ago

Parenting

In March, many working parents were asked to do the impossible: seamlessly transition to work from home, continue productivity (or in some cases increase productivity) and take on childcare or in-home schooling. On top of this, many high-risk parents (such as doctors, nurses, police officers) instituted separation from their families to reduce COVID-19 risk at home.

Researchers at Vanderbilt University sent out a U.S. national survey to parents. Parents were asked whether things have changed since the pandemic.⁵

What did they find?



Claim trends

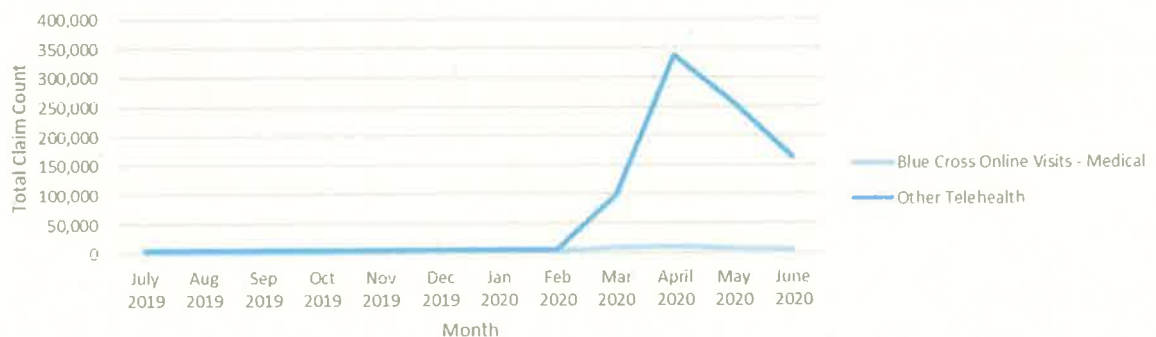
Blue Cross Blue Shield of Michigan has been closely watching trends in behavioral health services since the onset of COVID-19. In general, compared to 2019, utilization has been higher overall; however, we did observe a significant spike in behavioral health claims in April with a slow decline back to the average in May and June.

When assessing behavioral health claims by service type, Blue Cross Online VisitsSM behavioral health claims remained relatively low over time. There was a significant drop in professional services for behavioral health from March through May and a slight incline in June. Significant increases were observed for telehealth behavioral health from March through May with a slow decline in June.

Facility behavioral health claims by month in 2019 and 2020



Telehealth behavioral health claims from July 2019-June 2020



Depression and anxiety claims data

When assessing rates of depression and anxiety among our members, we found rates were higher in the first few months of the year and began to drop with the onset of COVID-19. This is likely due to the closure of many offices and the conversion to telehealth. We saw a significant increase in diagnoses of anxiety and depression among our members in June and will continue to monitor these rates in the following months. We also analyzed the rates of depression and anxiety separately across age groups and found an increase in all age categories in June.

Depression and anxiety diagnoses 2019 and 2020

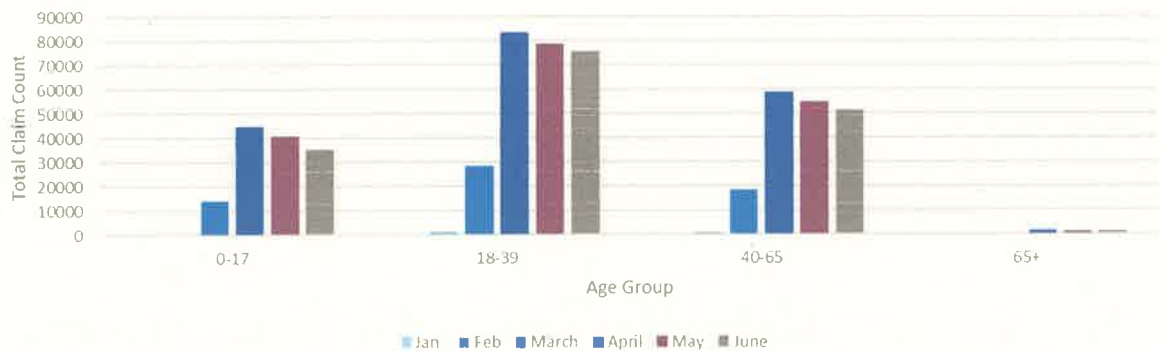


Telehealth claims data

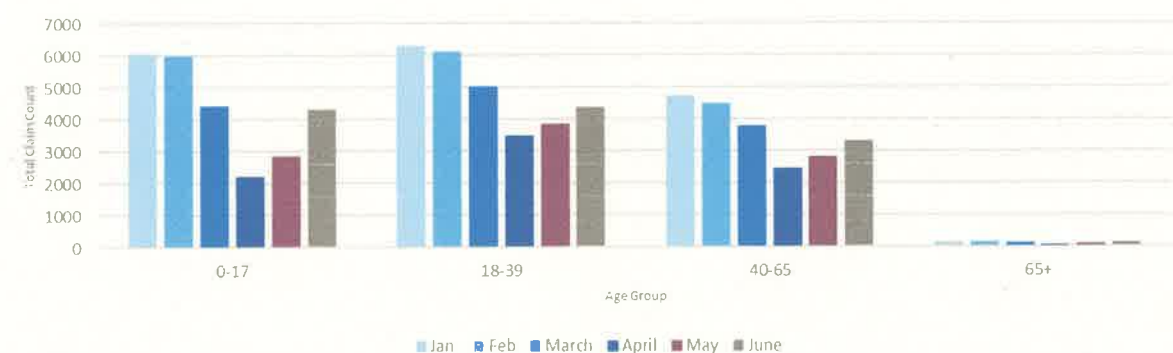
Telehealth behavioral health use saw a significant increase for all age groups in April with the most significant jump observed for members ages 18 to 39.

In contrast, a significant decline was observed for professional and facility services. We saw significant declines in all age groups in April followed with slow increases of back to normal rates. We also saw a significant increase in diagnoses of anxiety and depression among our members in June. There was an observed drop in July, but it is still possible that not all claims have been received yet.

Telehealth behavioral health use by age group and month-2020



Facility behavioral health use by age group and month-2020



Our response to COVID-19

Blue Cross Blue Shield of Michigan deployed several behavioral health initiatives for our customers aimed at expanding access to care and waiving member cost share. The full summary of initiatives that implemented to date can be seen in the table below.

COVID-19 Crisis Initiatives	Current Responses	
Expand virtual solutions to support behavioral health needs	<ul style="list-style-type: none"> Member cost share waived on routine behavioral health-related telehealth through June 30th Expedited rollout and provision of myStrength at no cost to members on a temporary basis 	<ul style="list-style-type: none"> Increased support and promotion of telehealth options: autism, IOP, PHP 24/7 crisis hotline in partnership with New Directions
Improve care management processes related to COVID-19	<ul style="list-style-type: none"> Expanded outreach through Blue Cross Coordinated Care (e.g., reaching out to those at risk of social isolation, servicing the senior population) 	<ul style="list-style-type: none"> Expanded capabilities to connect members to their families when separated during hospitalization
Increase integration between physical and behavioral health	<ul style="list-style-type: none"> Efforts currently underway through Collaborative Care initiative 	<ul style="list-style-type: none"> Expanded coordination with Provider Deliver Care Management to connect members affected by COVID-19 to behavioral health resources
Increase focus on substance use disorders	<ul style="list-style-type: none"> Expanded virtual therapy services to address substance use disorder treatment 	<ul style="list-style-type: none"> Working with Michigan Department of Health and Human Services and Michigan Opioid Collaborative to expand treatment through provider training and incentives
Support local health care community impacted by COVID-19	<ul style="list-style-type: none"> Developed group therapy options focused on COVID-19 within provider community Accelerated funding to BH providers in the Physician Group Incentive Program to help adopt telehealth 	<ul style="list-style-type: none"> Relaxation of formulary if shortages occur Prior authorization limits extended Delivery options for mail order of medications

References

1. Fowers et al. June, 2020. Depression and anxiety spiked among Black Americans after George Floyd's death. Accessed at: <https://www.washingtonpost.com/health/2020/06/12/mental-health-george-floyd-census/?arc404=true>.
2. Gallup Healthways Health Index, 2013
3. Coe et al. April, 2020. Returning to resilience: the impact of COVID-19 on mental health and substance use. Accessed at <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/returning-to-resilience-the-impact-of-covid-19-on-behavioral-health#>
4. Valinsky et al. April, 2020. Booze sales are booming as people stockpile alcohol. Accessed at: <https://www.cnn.com/2020/04/01/business/alcohol-sales-coronavirus-trnd/index.html>
5. Patrick et al., (2020). Well-being on parents and children during COVID-19 pandemic: A National Survey. Pediatrics. <https://pediatrics.aappublications.org/content/early/2020/07/22/peds.2020-016824>