



# URBAN INDIAN ORGANIZATIONS COVID-19 BEHAVIORAL HEALTH NEEDS

## PREEXISTING BEHAVIORAL HEALTH DISPARITIES LEAVE URBAN AMERICAN INDIANS & ALASKA NATIVES VULNERABLE TO COVID-19

**15.1%**

15.1% of urban AI/ANs report frequent mental distress compared to only 9.9% of the general population

**2.5x**

The AI/AN youth suicide rate is 2.5 times that of the overall national average

## THE IMPACT OF COVID-19 ON BEHAVIORAL HEALTH

### Reduction of Services

Due to COVID-19, 83% of UIOs have had to temporarily reduce services and 4 UIOs have had to temporarily close their doors. Necessary programs such as youth and elder programs as well as domestic violence prevention programs have been cut.

### Telehealth

Telehealth is here to stay, and UIOs need to be equipped with the right tools to serve the families and patients who need these services. UIOs need broadband funding for both facilities and patients in order to provide care.

### UIO Staff Burnout

Medical Providers are reporting PTSD, increased anxiety, depression, and insomnia. UIOs are asking for funding to provide staff with counseling. Staff are doing "double duty" and new staff is needed to provide services during COVID-19.

### Substance Abuse Treatment

Residential substance abuse treatment facilities need to quarantine new patients away from other patients for two weeks. UIOs need funding for infrastructure to quarantine new patients safely.



## THE NEED FOR LONG-TERM FUNDING

Early reports show the need for behavioral health is at record levels.

UIOs were already over 90% underfunded, and COVID-19 has increased the need for services. Even after the pandemic ends the need for services will continue.

The impacts from the social isolation and inability to participate in many cultural activities like sweat lodges during the pandemic will be felt for a long time to come.

Telehealth has transformed behavioral health, and the increased access for Native families will improve health outcomes.

## RESOURCES NEEDED TO ADDRESS COVID-19 BEHAVIORAL HEALTH CONCERNS

Cosponsor the *Native Behavioral Health Access Improvement Act* (H.R. 4251/S. 2226)

