

POLICY RESEARCH BRIEF November 2025

Post-COVID Mental Health Cliff: Why Black, Hispanic, and AIAN Communities Face the Sharpest Drop in Access

Vudem Shruthi Reddy

EXECUTIVE SUMMARY

COVID-19 increased mental health needs across the U.S., but Black, Hispanic, and American Indian/Alaska Native (AIAN) communities now face the steepest drop in access to care. Cost, coverage loss, and a limited, non-diverse workforce keep treatment rates low even as symptoms remain high. This brief summarizes the problem and proposes policy actions to protect coverage, enforce fair benefits, and expand community-based, culturally responsive care.

DESCRIPTION OF THE PROBLEM

Black, Hispanic, and AIAN adults experienced higher COVID-related stress, grief, and economic shocks but are still less likely than White adults to receive mental health treatment. Causes include lower insurance coverage, higher out-of-pocket costs, shortages of providers in their communities, and stigma when care does not reflect their culture or language. These gaps increase the risk of untreated depression, anxiety, substance use, and alcohol-related deaths. The issue is urgent because pandemic protections are ending while need in these communities remains elevated.

OVERVIEW OF THE RESEARCH

This brief draws on recent work from the Kaiser Family Foundation, the National Alliance on Mental Illness, CDC reports, and peer-reviewed studies using large national datasets such as the National Survey on Drug Use and Health and other COVID-era survey panels. Across these analyses, the pattern is clear: Black, Hispanic, and AIAN adults report higher psychological distress but receive less treatment and face more barriers than White adults, underscoring the need for targeted policy change.



POLICY RECOMMENDATIONS

Strengthen financial access and parity.

- Raise Medicaid behavioral health rates, monitor networks, and enforce parity so that coverage is affordable and usable in high-need communities of color.

Expand and diversify the workforce.

- Support training, loan-repayment, and Medicare enrollment for counselors, therapists, and community health workers who serve Black, Hispanic, and AIAN communities.

Invest in culturally responsive, community-based care.

- Fund mental health “wellness hubs” in trusted local settings - tribal clinics, churches, and community centers and require outcomes to be reported by race and ethnicity.

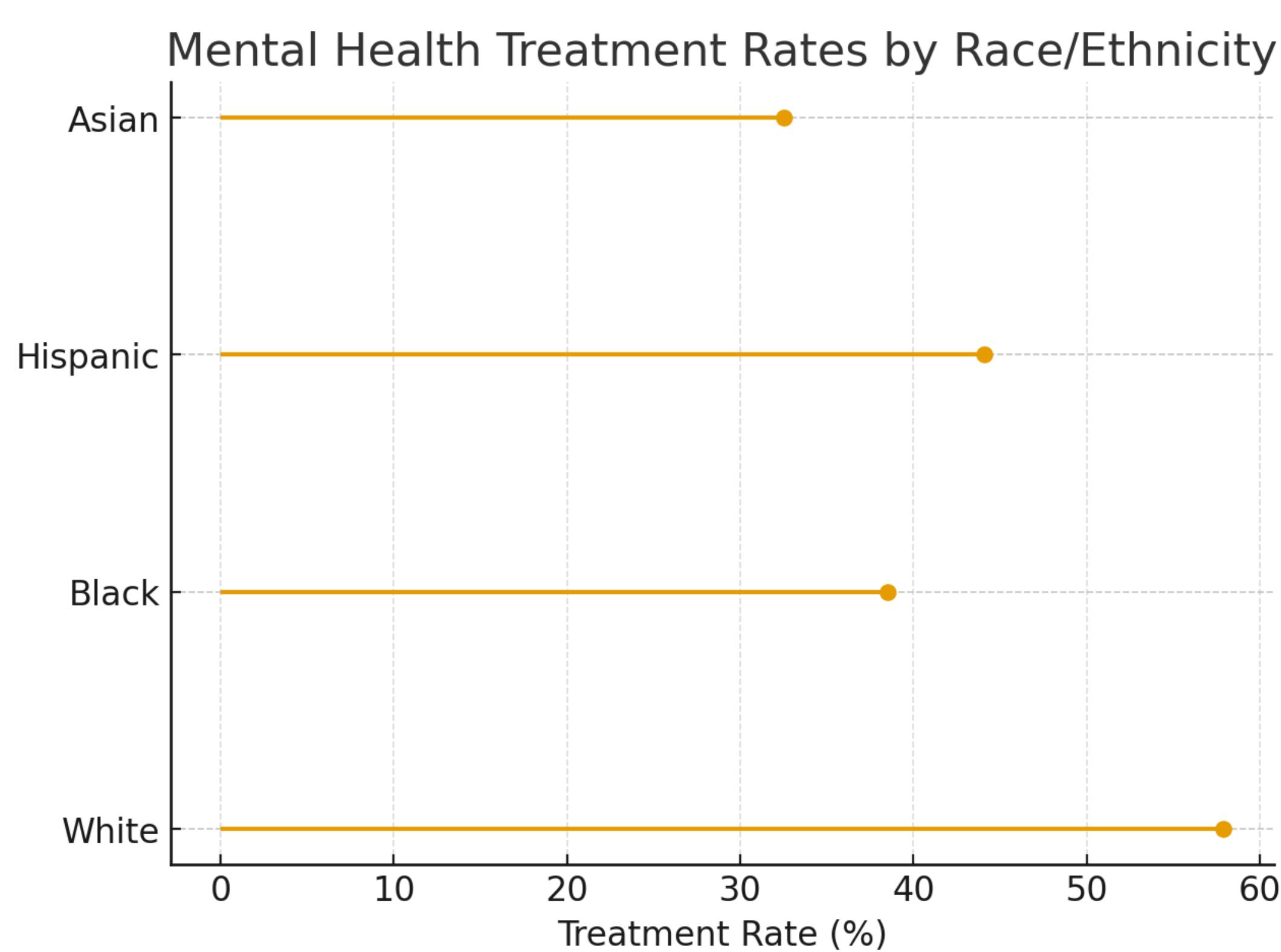
Improve language access across all mental health services.

- Require Medicaid, Medicare, and private plans to reimburse for interpreter services and bilingual tele-mental health. Expand funding for multilingual crisis lines and digital tools so Hispanic, Asian, and AIAN communities can access care without language barriers.

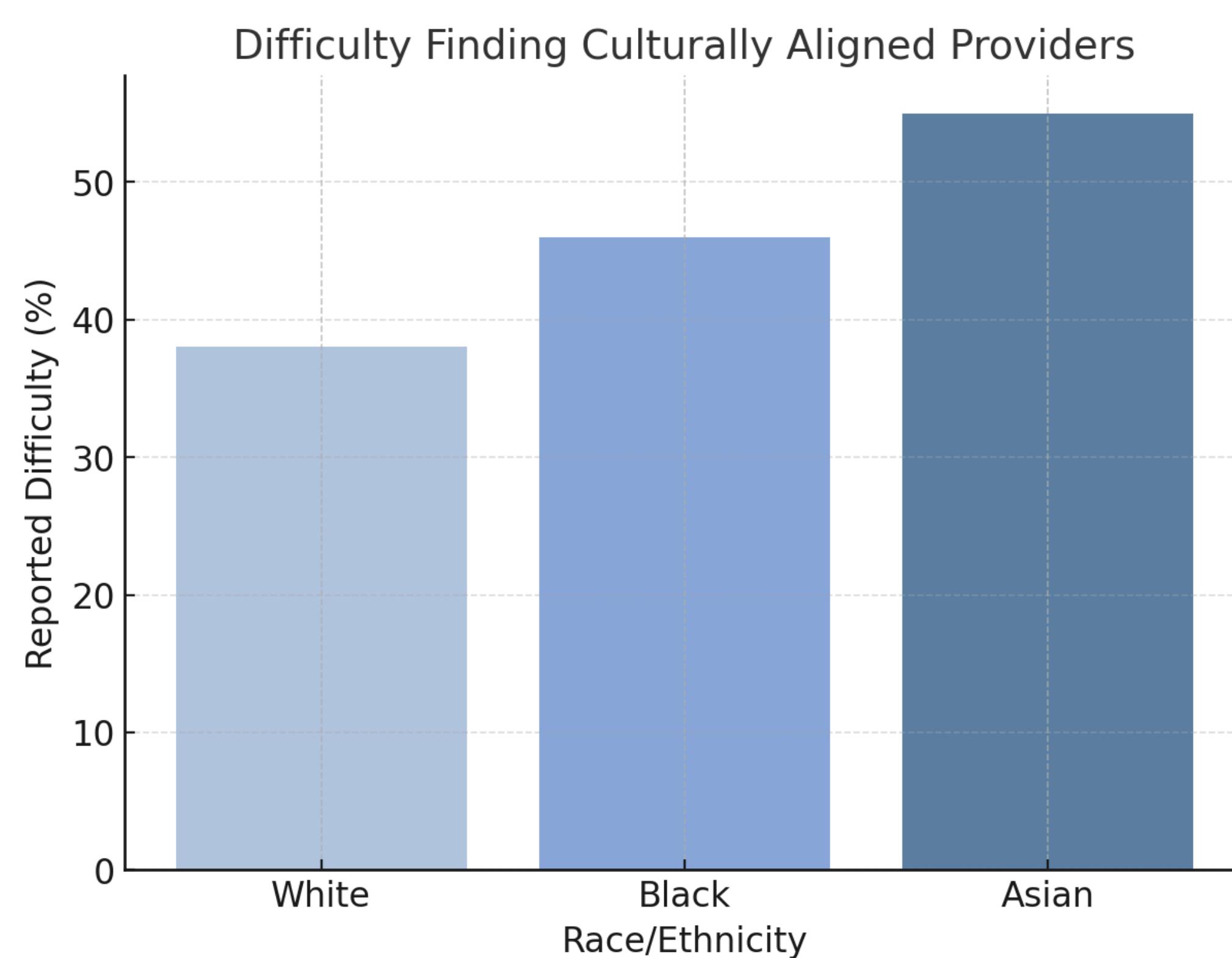
Expand school- and youth-based mental health programs in underserved communities.

- Increase federal and state grants for counselors, social workers, and culturally informed school programs in districts with high Black, Hispanic, and AIAN enrollment.

Appendix A. Mental Health Treatment Rates by Race/Ethnicity



Appendix B. Difficulty Finding Culturally Aligned Providers



CURRENT AND PROPOSED POLICIES

Current Policies:

Federal parity laws and Medicaid financing are intended to support mental health care, but weak enforcement, low reimbursement rates, and recent Medicaid coverage losses leave many Black, Hispanic, and AIAN adults without affordable, in-network options. Medicare has only recently begun covering counselors and marriage and family therapists, and these providers are unevenly available in underserved areas.

Proposed policies. The recommended roadmap strengthens these existing tools rather than creating new programs from scratch. It calls for stronger parity enforcement and higher Medicaid rates, full implementation of Medicare coverage for counselors and therapists, and sustained funding for community-based, culturally grounded services, paired with better data reporting by race and ethnicity.

FACTS AND FIGURES

- Black and Hispanic adults receive mental-health treatment far less often than White adults, despite equal or greater levels of need. (NAMI 2025; KFF 2024)
- Asian and Black adults report significantly more difficulty finding culturally aligned providers compared with White adults, limiting ongoing engagement in care. (KFF 2024)
- AIAN communities continue to face the highest alcohol-related death rates nationally, reflecting long-standing underinvestment in behavioral health systems. (CDC & IHS)
- Post-COVID coverage changes and reduced telehealth flexibility have increased access risks for communities of color who rely heavily on Medicaid and digital care. (KFF 2024; Wu et al., 2022)



REFERENCES

- Kaiser Family Foundation. (2024). Key data on health and health care by race and ethnicity. <https://www.kff.org/racial-equity-and-health-policy/key-data-on-health-and-health-care-by-race-and-ethnicity/>
- Kaiser Family Foundation. (2024). Racial and ethnic disparities in mental health care: Findings from the KFF survey of racism, discrimination, and health. <https://www.kff.org/racial-equity-and-health-policy/racial-and-ethnic-disparities-in-mental-health-care-findings-from-the-kff-survey-of-racism-discrimination-and-health/>
- National Alliance on Mental Illness. (2025). Mental health by the numbers. <https://www.nami.org/mhstats>
- Wu, F., Grodstein, F., & Koenen, K. C. (2022). Racial and ethnic disparities in mental health and mental health care during the COVID-19 pandemic. International Journal of Environmental Research and Public Health, 19(6), 3622. <https://doi.org/10.3390/ijerph19063622>
- Centers for Disease Control and Prevention, & Indian Health Service. (n.d.). Behavioral health mortality reports for American Indian and Alaska Native populations. <https://www.cdc.gov>

APPENDICES AND SOURCES

APPENDICES:

- **Appendix A** presents a visual summary of mental-health treatment rates by race and ethnicity, showing that Black, Hispanic, and Asian adults with mental illness receive treatment less often than White adults.
- **Appendix B** illustrates reported difficulty finding culturally aligned providers, highlighting higher barriers among Asian and Black adults compared with White adults. These figures provide additional detail to support the disparities described in the brief.

SOURCES:

The policy brief draws on recent national reports and peer-reviewed research.