The COVID-19 Pandemic Mental Health Crisis Ahead

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When the World Health Organization declared COVID-19 a global pandemic (World Health Organization, 2020) and acknowledged it as being potentially fatal, the announcement triggered mental health-related consequences. A Chinese study about the impact of confinement at home on depression, anxiety, and stress found that more than half of the study participants rated the psychological impact of the outbreak as moderate or severe (Wang et al., 2020). In the U.S., the pandemic has highlighted the inadequacies of the mental healthcare system (Solomon, 2020), especially in rural areas.

Rural areas in the U.S., including small towns in the South and the Midwest, are particularly susceptible to health and mental health implications of COVID-19. Communities tend to be close-knit and have social gatherings that increase the risk for infections. Ensuring adherence to health measures is often difficult because of the remoteness and isolation of some rural areas. Other environmental problems are endemic to rural communities, such as poverty, lack of experienced health professionals and accessible health services. Mental health resources in rural areas are already scant, and telehealth counseling may rely on spotty Internet coverage.

COVID-19 and essential pandemic responses such as contact tracing have been slower to emerge outside urban centers. Healthcare professionals lack protective equipment, intensive care unit beds, and stocks of ventilators. Rural hospitals' financial challenges exacerbate the problem; hospitals battle the lack of supplies, resources, and staff necessary to treat patients. COVID-19 has revealed interstate rivalries for equipment and funding and selfishness, that has become common in the U.S. Further, the politicization of this disease has made conservative-leaning rural areas slower to accept the severe mental health ramifications of COVID-19.

That politicization has influenced people's perception of basic facts. Both the death toll and the total number of people who have the SARS-CoV-2 virus are much higher than the reported number at first, with numbers that did not include the homeless, missing persons, those who might have died at home or in nursing homes (Editorial Board, 2020), and asymptomatic carriers. The public health crisis is much worse because of suspected flawed testing; one out of three tests is a false negative, which raises serious concerns about the testing system's reliability (Schonfeld, 2020). Further, even as New York and other cities are "flattening the curve", the numbers of infected people and the death toll in rural areas are rising.

During the pandemic, the U.S. healthcare system continues to conduct itself as a business focused on increasing profits, and viewing human lives as mere products (Sawyer, 2018). It has been ineffective in helping the deprived and the poor, especially those among African American and Indigenous communities (e.g., in the Navajo Nation) who are often vulnerable to diseases such as diabetes that are risk factors for COVID-19 fatality (Mineo, 2020). U.S. healthcare continues to burden many people with medical expenses they cannot afford. Healthcare workers forced to work under contractual conditions are under the dictates of the employer—the healthcare network owners who overwork healthcare professionals and limit how much help they can actually offer patients (Sawyer, 2018). This causes one to question how the U.S. values human lives, with the evident answer being "not much."

Three months ago I was quoted in a Texas newspaper saying that this pandemic "will also be a public health issue" (Ferman & Tatum, 2020). The loss of human lives will result in more serious mental health crises in patients, their families, communities, and healthcare workers, including an increase in posttraumatic stress disorder, depression, anxiety, pandemic-

related psychoses, marital problems, and suicides among healthcare and non-healthcare workers (Solomon, 2020; Watkins et al., 2020). The civil unrest that has recently erupted heralds the public mental health crisis ahead, triggered by COVID-19, the unbearable and longstanding social injustices towards African American communities, and the sharp increase in unemployment that continues to impact everyone, but particularly the African American community (Seib, 2020). Thus, now is the time to organize centralized mental health counseling services to citizens, healthcare workers, patients, and their families to prevent further financial and human costs, especially in rural areas—before it is too late. The future of U.S. healthcare workers and non-healthcare workers will be darker if they lose their mental well-being and the will to live (Dean, 2020). We need a truly united, well-coordinated and committed effort to overcome this serious public health crisis.

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