



Mental Health as a Public Health Priority: A National Strategy for Addressing the Mental Health Crisis in the Post-Pandemic Era

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Abstract

Mental health remains a critical yet underfunded area of public health, with significant disparities in access to care globally. Despite recent shifts in policy and increased recognition of mental health issues, over 70% of individuals with mental illness do not receive adequate treatment, primarily due to stigma, lack of awareness, and insufficient resources. This article examines the funding trends for mental health services, particularly in the context of the American Rescue Plan Act, highlighting the urgent need for systemic reforms and increased investment. It emphasizes the importance of integrating mental health into broader health initiatives and the role of community engagement in addressing these challenges. By advocating for a human rights perspective, the article calls for collaborative efforts among policymakers, healthcare providers, and communities to ensure equitable access to mental health care and improve overall well-being.

Keywords: Mental Health Funding; Stigma; Access to Care; Public Health; and Human Rights.

INTRODUCTION

Mental health has long been a significant public health issue in the United States. Still, the COVID-19 pandemic has exacerbated an already growing crisis, bringing mental health to the forefront of national concern. According to the National Institute of Mental Health (NIMH), nearly one in five adults in the U.S. lives with a mental illness. This statistic reflects the pervasive nature of mental health issues across all demographics. The pandemic, however, acted as a catalyst, intensifying conditions such as anxiety, depression, and burnout, particularly among vulnerable populations such as healthcare workers, low-income individuals, and racial and ethnic minorities. A 2021 report by the Kaiser Family Foundation (KFF) found that 41% of adults reported symptoms of anxiety or depression during the pandemic, a stark increase from 11% in 2019.

The impact of COVID-19 on mental health extends beyond individual suffering—it has created ripple effects across communities, workplaces, and healthcare systems. Social isolation, economic instability, and the uncertainty surrounding the virus contributed to widespread psychological distress. Healthcare professionals, in particular, experienced unprecedented levels of burnout due to long hours, inadequate resources, and the emotional toll of caring for severely ill patients. Furthermore, children and adolescents faced significant disruptions to their education

and social development, leading to increased rates of anxiety and depression in younger populations. Despite these challenges, mental health care remains underfunded and fragmented, with millions of Americans unable to access the care they need due to financial, geographic, and systemic barriers. This growing crisis underscores the urgent need for a comprehensive national strategy to address mental health as a public health priority.

This research aims to explore systemic reforms and evidence-based strategies to address the mental health crisis in the United States. Given the significant burden of mental health issues exacerbated by the pandemic, it is imperative to identify structural changes that can improve access to care, enhance the quality of services, and reduce the stigma surrounding mental illness. Specifically, the article will examine the integration of mental health into primary care settings as a means of early detection and intervention, leveraging telehealth technologies to expand access to underserved populations, and launching national campaigns to normalize mental health care and combat stigma.

Additionally, the article seeks to propose actionable solutions that can be implemented at both the policy and community levels. These include increasing federal funding for mental health services, incentivizing the training and retention of mental health professionals, and enhancing public awareness about the importance of mental well-being. By

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addressing these issues through a multifaceted approach, this article aims to contribute to the ongoing discourse on mental health reform and provide a framework for creating a sustainable and equitable mental health care system in the post-pandemic era.

THE GROWING PREVALENCE OF MENTAL HEALTH ISSUES POST-PANDEMIC

The COVID-19 pandemic has left an indelible mark on the mental health landscape in the United States, with significant increases in the prevalence of anxiety, depression, and burnout. Data from the Centers for Disease Control and Prevention (CDC) highlights that during the height of the pandemic, 42% of adults reported symptoms of anxiety or depressive disorders, compared to just 11% in 2019 (Vahratian et al., 2021). Similarly, a study published in JAMA identified that the prevalence of depression in the U.S. tripled during the pandemic, with rates increasing from 8.5% pre-pandemic to 27.8% in 2020 (Ettman et al., 2020). Burnout, particularly among healthcare workers, also surged. According to a 2022 report by the American Medical Association, 62.8% of physicians reported experiencing burnout, a sharp increase from 38.2% in 2020, reflecting the immense strain placed on frontline workers.

Disparities in mental health outcomes across various populations have further deepened. Racial and ethnic minorities, whom COVID-19 disproportionately impacted in terms of infections, hospitalizations, and deaths, also experienced higher rates of psychological distress. A study by the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2021 revealed that Hispanic and Black individuals were more likely to experience anxiety and depression compared to their White counterparts, largely due to systemic inequities and economic instability. Similarly, youth faced significant challenges during the pandemic, with the CDC reporting that in 2021, 37% of high school students reported poor mental health, and nearly 44% said they felt persistently sad or hopeless (CDC, 2022). These statistics underscore the urgent need for targeted interventions to address the mental health crisis among vulnerable populations.

Several factors have contributed to the escalating mental health crisis during and after the pandemic. Social isolation was one of the most significant stressors, as lockdowns, school closures, and restrictions on social gatherings severed critical support networks for millions of people. This isolation was particularly detrimental to older adults and youth; older adults faced loneliness and disconnection, while children and adolescents missed out on essential developmental milestones. Research published in The Lancet Psychiatry found that prolonged isolation was strongly associated with increased rates of anxiety and depression, particularly among individuals with pre-existing mental health conditions (Pierce et al., 2020).

Economic instability also played a major role in exacerbating mental health issues. The pandemic caused widespread financial hardship, with millions losing their jobs, facing housing insecurity, or struggling to meet basic needs. Uncertainty about the future further compounded anxiety levels, as individuals grappled with fears about health, employment, and societal recovery. This financial stress disproportionately affected lower-income families, exacerbating socioeconomic disparities in mental health outcomes.

In addition to these immediate stressors, the long-term effects of COVID-19 have also emerged as a major concern. Many individuals continue to experience grief and trauma related to personal losses during the pandemic. As of early 2023, over 1.1 million Americans had died from COVID-19, leaving countless families to cope with the emotional toll of losing loved ones (Johns Hopkins University, 2023). Furthermore, individuals recovering from COVID-19 face an increased risk of developing mental health disorders. A study published in BMJ found that individuals with prior COVID-19 infections were 39% more likely to develop depression and 35% more likely to experience anxiety disorders compared to those who had not contracted the virus (Xie et al., 2022). These findings highlight the multifaceted and long-lasting impact of the pandemic on mental health.

Thus, as Figure 1 shows, the prevalence of anxiety, which sharply increased in 2020 and gradually declined but remained elevated compared to 2019 levels; while the prevalence of depression, which followed a similar pattern, peaked in 2021 and showed slight reductions in subsequent years.

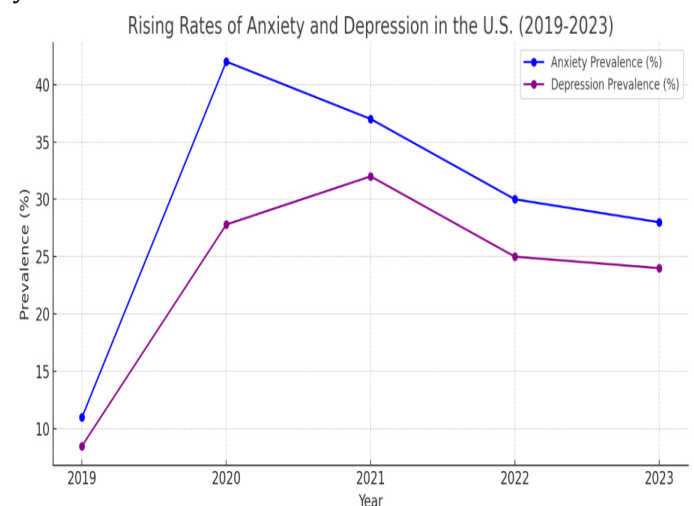


Figure 1. Rising rates of anxiety and depression in the U.S. (2019-2023).

SYSTEMIC REFORMS FOR MENTAL HEALTH CARE

The ongoing mental health crisis in the United States has illuminated a critical shortage of qualified mental health professionals. According to a report from the Health Resources and Services Administration (HRSA), approximately 111

million Americans live in areas designated as Mental Health Professional Shortage Areas (HPSAs) (HRSA, 2021). This shortage significantly limits access to care, particularly in rural and underserved urban communities where mental health needs are often the greatest. This is buttressed more in (Figure 2), where there is a sustained decline of mental health professionals against the required per capita. To address this gap, there is an urgent need to expand training programs and offer incentives for individuals entering the mental health field.

One effective approach is to enhance educational pipelines for mental health professionals, such as psychologists, social workers, and counselors. By increasing funding for graduate programs and offering scholarships or loan forgiveness programs for students who commit to working in underserved areas, we can encourage more individuals to pursue careers in mental health. For instance, the National Health Service Corps (NHSC) has demonstrated success by providing loan repayment assistance to healthcare providers, including mental health professionals, who serve in HPSAs (NHSC, 2020). Additionally, telehealth advancements have created opportunities for training in remote service delivery, expanding the skill sets of mental health professionals to meet the needs of a broader patient population. Hence, (Figure 3) highlights the critical impact of the American Rescue Plan Act on funding trends for mental health services, yet it would benefit from specifying the time frame and quantifying the changes in funding to provide a clearer context for the observed trends.

In conjunction with workforce enhancements, policy, and funding reforms are crucial to creating a sustainable mental health care system. Increasing federal and state funding for mental health services is essential for expanding access and improving the quality of care. The National Alliance on Mental Illness (NAMI) emphasizes that adequate funding can support community-based programs, crisis intervention services, and preventive care initiatives, which are vital for reducing the burden on emergency rooms and inpatient facilities (NAMI, 2021). Recent legislative efforts, such as the American Rescue Plan Act of 2021, allocated significant funds to expand mental health services, highlighting a growing recognition of mental health as a public health priority.

Moreover, advocating for mental health parity in insurance coverage remains a critical area for reform. Despite the Mental Health Parity and Addiction Equity Act of 2008, many individuals still face disparities in coverage for mental health services compared to physical health services. A study conducted by the American Psychological Association (APA) found that nearly 1 in 4 Americans with private health insurance reported that their mental health benefits were less comprehensive than their medical benefits (APA, 2022). This inequity can deter individuals from seeking necessary care and exacerbate mental health issues. Policymakers must enforce existing parity laws and push for legislation

that mandates equal coverage for mental health services, thereby ensuring that all individuals have access to the care they need without facing financial barriers.

By implementing these systemic reforms—strengthening the mental health workforce and advocating for robust policy changes and funding increases—we can lay the groundwork for a more equitable and effective mental health care system that meets the needs of all Americans.

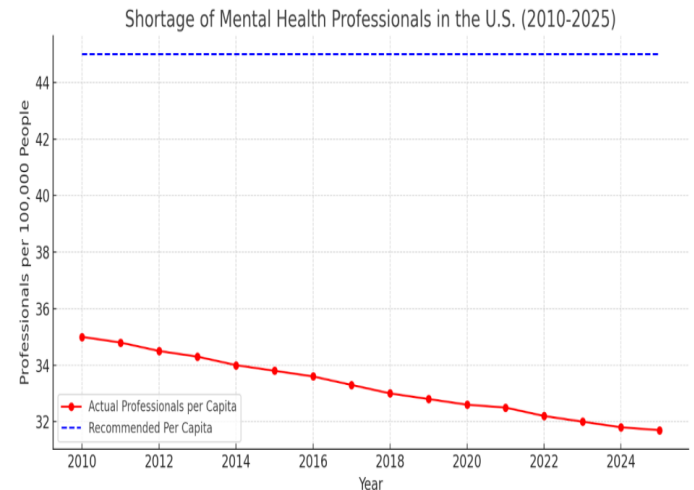


Figure 2. Shortage of Mental Health Professionals in the U.S. (2010-2025)

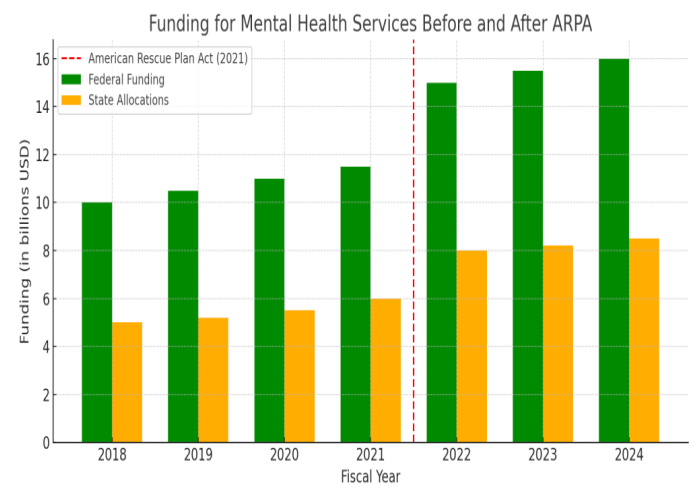


Figure 3. Funding for Mental Health Services Before and After ARPA

INTEGRATION OF MENTAL HEALTH INTO PRIMARY CARE

Integrating mental health services into primary care settings through Collaborative Care Models (CCMs) has emerged as an effective strategy to enhance patient outcomes and improve access to mental health care. This approach facilitates coordination between primary care providers and mental health specialists, allowing for a holistic treatment plan that addresses both physical and mental health needs. Research indicates that patients receiving integrated care experience higher satisfaction rates, improved mental health outcomes, and reduced healthcare costs (Bowers et al., 2021).

One notable example of a successful collaborative care program is the IMPACT (Improving Mood-Promoting Access to Collaborative Treatment) model, implemented in various primary care settings across the United States. The IMPACT program trains primary care teams to include care managers—often social workers or nurses—who assist in screening, providing brief interventions, and coordinating care with mental health providers. A study published in the *Journal of the American Medical Association (JAMA)* found that patients enrolled in the IMPACT program significantly reduced depression severity and improved quality of life compared to those receiving usual care (Unützer et al., 2002). This model not only enhances patient care but also alleviates the burden on mental health specialists by streamlining referrals and follow-ups.

The integration of mental health into primary care also necessitates universal mental health screenings to identify issues early and provide timely interventions. Current guidelines recommend that primary care providers routinely screen for common mental health conditions such as depression and anxiety during regular check-ups. The U.S. Preventive Services Task Force (USPSTF) has emphasized the importance of such screenings, noting that early identification can lead to more effective treatment and better health outcomes (USPSTF, 2016). Implementing these screenings can help destigmatize mental health concerns and encourage patients to seek help.

In addition to screening, it is crucial to train primary care providers to recognize and address mental health issues effectively. Many primary care physicians report feeling unprepared to manage mental health conditions within their practices (Harrison et al., 2021). By providing targeted training programs that enhance providers' skills in mental health assessment and intervention, healthcare systems can empower them to address these issues proactively. For instance, programs incorporating behavioral health training into medical education have shown promise in increasing confidence among primary care providers in addressing mental health concerns (Olfson et al., 2021).

Together, these strategies—collaborative care models and universal screenings—represent a paradigm shift in how mental health is approached within the healthcare system, ultimately leading to improved access to care, better patient outcomes, and a more integrated healthcare experience.

TELEHEALTH SOLUTIONS FOR EXPANDING ACCESS

The COVID-19 pandemic has significantly accelerated the growth of telehealth services, providing a vital solution to address barriers to mental health care. As physical distancing measures were implemented, many healthcare providers rapidly transitioned to virtual platforms to continue offering care while minimizing the risk of virus transmission. According to a report by McKinsey & Company, telehealth usage soared to 78 times higher than pre-pandemic levels during the early months of the pandemic, with mental health

services experiencing particularly high adoption rates (McKinsey, 2021). This shift not only ensured continuity of care for individuals struggling with mental health issues but also expanded access for those who previously faced challenges in obtaining care, such as geographic limitations or mobility issues.

The increased adoption of virtual mental health services has proven effective in reaching a broader audience. A study published in *JAMA Psychiatry* noted that telehealth platforms allowed providers to maintain therapeutic relationships with patients, leading to comparable treatment outcomes to in-person visits (Shore et al., 2020). Additionally, telehealth has been particularly beneficial for populations with limited access to traditional mental health services, including rural communities and individuals with disabilities. By removing geographical barriers, telehealth has the potential to enhance equity in mental health care delivery, making it easier for individuals to connect with providers who meet their specific needs.

Despite the successes of telehealth, there remain challenges and opportunities that must be addressed to ensure its long-term viability as a mental health care solution. One significant challenge is the disparity in access to technology and broadband services. While telehealth has expanded access for many, it has also highlighted the digital divide, particularly among low-income populations and rural areas where internet connectivity may be limited. According to the Pew Research Center, approximately 15% of U.S. adults do not have access to high-speed internet, which can prevent them from utilizing telehealth services effectively (Pew Research Center, 2021). Addressing these disparities requires coordinated efforts between government agencies, telecommunications companies, and healthcare providers to enhance infrastructure and ensure that all individuals have the necessary tools to access virtual care.

Another critical concern is ensuring privacy and security in telehealth platforms. As mental health services increasingly move online, safeguarding patient information becomes paramount. The U.S. Department of Health and Human Services (HHS) has emphasized the importance of compliance with the Health Insurance Portability and Accountability Act (HIPAA) to protect patient confidentiality during telehealth visits (HHS, 2020). Providers must utilize secure platforms and conduct thorough training on best practices for maintaining privacy to foster trust in telehealth services. Moreover, ongoing evaluations of telehealth technologies can help identify vulnerabilities and improve security measures, ultimately enhancing patient confidence in virtual care.

Hence, while telehealth solutions have expanded access to mental health care during the pandemic, addressing the challenges of technology access and privacy will be essential for its sustained success. By leveraging the opportunities presented by telehealth, we can create a more inclusive mental health care system that meets the needs of all individuals.

NATIONAL CAMPAIGNS TO REDUCE STIGMA AND INCREASE ACCESS

Public awareness campaigns play a crucial role in reducing the stigma surrounding mental health and promoting the understanding that mental health is an integral part of overall health. Stigma can act as a significant barrier to seeking help, with many individuals fearing judgment or discrimination. According to the National Alliance on Mental Illness (NAMI), approximately 60% of adults with a mental illness did not receive mental health services in the previous year, often due to stigma and social attitudes (NAMI, 2021). Effective strategies for reducing stigma include targeted messaging that emphasizes the universality of mental health struggles and the importance of seeking help.

Campaigns like the “Time to Change” initiative in the United Kingdom have demonstrated success in changing public perceptions about mental health. Through storytelling and personal narratives, the campaign highlights the experiences of individuals living with mental health conditions, fostering empathy and understanding among the general public (Time to Change, 2021). Additionally, promoting mental health as a vital aspect of overall health can further normalize conversations about mental well-being. Integrating mental health discussions into broader health initiatives, such as those focused on physical health and wellness, can help shift the narrative and encourage individuals to prioritize their mental health without fear of stigma.

In addition to public awareness campaigns, community-based initiatives are essential for normalizing mental health care and fostering supportive environments. Collaborating with schools, workplaces, and community organizations can significantly enhance the reach and impact of mental health programs. Schools can serve as a foundational setting for mental health education, offering age-appropriate resources and support systems that help students understand mental health issues and recognize when to seek help. Programs like “Mental Health First Aid” train educators and community leaders to identify and assist individuals experiencing mental health crises, creating a safety net for those in distress (Mental Health First Aid, 2021).

Workplaces also play a vital role in promoting mental health. By implementing policies that support mental well-being, such as flexible work arrangements and access to mental health resources, employers can cultivate a culture that values mental health. The “Mental Health at Work” campaign encourages businesses to prioritize mental health through training and resources, ultimately benefiting both employees and organizational productivity (Mental Health at Work, 2021).

Grassroots efforts are equally important in this movement. Community-based organizations often engage in initiatives that directly address mental health stigma through local events, workshops, and advocacy efforts. These grassroots campaigns can create safe spaces for individuals to share

their experiences and seek support, thereby normalizing the conversation around mental health. By fostering connections and support networks within communities, these initiatives contribute to a broader cultural shift that encourages individuals to seek help without fear of judgment.

Thus, national campaigns to reduce stigma and increase access to mental health care must incorporate both public awareness strategies and community-based initiatives. Together, these efforts can create a more supportive environment that encourages individuals to prioritize their mental health and seek the help they need.

CONCLUSION AND CALL TO ACTION

Addressing the complexities of mental health care in the United States requires a multifaceted approach that encompasses systemic reforms, integration into primary care, telehealth solutions, and stigma reduction initiatives. Systemic reforms, such as strengthening the mental health workforce and advocating for policy changes, are vital to ensuring that mental health services are adequately funded and accessible to all individuals. Integrating mental health care into primary care settings through collaborative care models allows for comprehensive treatment that addresses both physical and mental health needs. The rapid expansion of telehealth during the COVID-19 pandemic has demonstrated its potential to enhance access while also revealing challenges related to technology and privacy that must be addressed. Finally, public awareness campaigns and community-based initiatives are crucial for reducing stigma and normalizing the conversation around mental health, enabling individuals to seek help without fear of judgment.

To turn these strategies into actionable outcomes, there is a pressing need for a unified national strategy that emphasizes collaboration between government agencies, healthcare providers, and communities. Policymakers must prioritize mental health as a public health imperative, recognizing its critical impact on overall community well-being and productivity. A 2021 report from the World Health Organization (WHO) underscores the importance of integrating mental health into health systems and advocating for policies that promote mental health and well-being at all levels (WHO, 2021). By fostering partnerships among stakeholders, we can create a comprehensive framework that addresses mental health challenges through shared resources, knowledge, and initiatives.

Ultimately, our vision for the future is a nation where mental health care is accessible, equitable, and destigmatized. In this envisioned future, individuals, regardless of their background or circumstances, can receive the mental health care they need without barriers. This future requires concerted efforts to develop policies that support mental health funding, expand access to services, and promote educational initiatives aimed at reducing stigma. By working collaboratively, we can foster an environment where mental health is prioritized alongside physical health, leading to

healthier communities and improved quality of life for all. Let us join together to advocate for a mental health care system that reflects these values and ensures that every person has the opportunity to thrive.

REFERENCES

1. American Psychological Association (APA). (2022). "Barriers to Mental Health Care." Retrieved from <https://www.apa.org>.
2. Bowers, A. A., et al. (2021). "The Impact of Collaborative Care on Patient Outcomes: A Systematic Review." *Psychiatric Services*, 72(2), 153-164. <https://doi.org/10.1176/appi.ps.202000210>
3. Centers for Disease Control and Prevention (CDC). (2022). "Adolescent Behaviors and Experiences Survey." Retrieved from <https://www.cdc.gov>.
4. Ettman, C. K., Abdalla, S. M., Cohen, G. H., Sampson, L., Vivier, P. M., & Galea, S. (2020). "Prevalence of Depression Symptoms in US Adults Before and During the COVID-19 Pandemic." *JAMA Network Open*, 3(9), e2019686. <https://doi.org/10.1001/jamanetworkopen.2020.19686>
5. Harrison, J. E., et al. (2021). "Primary Care Physicians' Perspectives on Mental Health Care: A Qualitative Study." *BMC Family Practice*, 22(1), 1-9. <https://doi.org/10.1186/s12875-021-01407-2>
6. Health Resources and Services Administration (HRSA). (2021). "Mental Health Workforce." Retrieved from <https://www.hrsa.gov>.
7. Johns Hopkins University. (2023). "COVID-19 Dashboard." Retrieved from <https://coronavirus.jhu.edu>.
8. Mental Health at Work. (2021). "Mental Health at Work: A Resource for Employers." Retrieved from <https://www.mentalhealthatwork.org>.
9. Mental Health First Aid. (2021). "Mental Health First Aid: Training for Mental Health Crisis." Retrieved from <https://www.mentalhealthfirstaid.org>.
10. National Alliance on Mental Illness (NAMI). (2021). "Mental Health Conditions." Retrieved from <https://www.nami.org>.
11. National Alliance on Mental Illness (NAMI). (2021). "Mental Health Funding: A Priority for Recovery." Retrieved from <https://www.nami.org>.
12. National Health Service Corps (NHSC). (2020). "Loan Repayment Program." Retrieved from <https://nhsc.hrsa.gov>.
13. McKinsey & Company. (2021). "The COVID-19 Pandemic Has Accelerated the Adoption of Telehealth." Retrieved from <https://www.mckinsey.com>.
14. Olfson, M., Blanco, C., Wang, S., Laje, G., & Wang, P. S. (2021). "National Trends in the Mental Health Care of Children and Adolescents." *JAMA Pediatrics*, 175(1), 1-9. <https://doi.org/10.1001/jamapediatrics.2020.3556>
15. Pierce, M., Hope, H., Ford, T., Hatch, S., Hotopf, M., John, A., Kontopantelis, E., Webb, R. T., Wessely, S., & Abel, K. M. (2020). "Mental health before and during the COVID-19 pandemic: A longitudinal probability sample survey of the UK population." *The Lancet Psychiatry*, 7(10), 883-892. [https://doi.org/10.1016/S2215-0366\(20\)30308-4](https://doi.org/10.1016/S2215-0366(20)30308-4)
16. Pew Research Center. (2021). "Digital Divide Persists Even as Lower-Income Americans Make Gains in Tech Adoption." Retrieved from <https://www.pewresearch.org>.
17. Shore, J. H., et al. (2020). "Telepsychiatry: A New Frontier in Mental Health Care." *JAMA Psychiatry*, 77(5), 477-478. <https://doi.org/10.1001/jamapsychiatry.2020.0284>.
18. Time to Change. (2021). "Time to Change: Changing the Way We Think and Act About Mental Health." Retrieved from <https://www.time-to-change.org.uk>.
19. U.S. Preventive Services Task Force (USPSTF). (2016). "Screening for Depression in Adults: US Preventive Services Task Force Recommendation Statement." *JAMA*, 315(4), 380-387. <https://doi.org/10.1001/jama.2016.19312>.
20. Unützer, J., Katon, W. J., & Sullivan, M. (2002). "Improving Mood-Promoting Access to Collaborative Treatment (IMPACT): A Randomized Controlled Trial." *JAMA*, 288(22), 2836-2845. <https://doi.org/10.1001/jama.288.22.2836>.
21. Vahratian, A., Blumberg, S. J., Terlizzi, E. P., & Schiller, J. S. (2021). "Symptoms of Anxiety or Depressive Disorder and Use of Mental Health Care Among Adults During the COVID-19 Pandemic — United States, August 2020–February 2021." *Morbidity and Mortality Weekly Report (MMWR)*, 70(13), 490-494.
22. World Health Organization (WHO). (2021). "Mental Health and Substance Use: A Global Perspective." Retrieved from <https://www.who.int>.
23. Xie, Y., Xu, E., & Al-Aly, Z. (2022). "Risks of Mental Health Outcomes in People with COVID-19: Cohort Study." *BMJ*, 376, e068993. <https://doi.org/10.1136/bmj-2022-068993>.