Title: How Does the COVID-19 Crisis Affect Access to Mental Health Care? Evidence from an Audit Field Experiment in the United States

Authors and affiliations and contact email: Patrick Button (Tulane University, pbutton@tulane.edu), Eva Dils (Tulane University), Luca Fumarco (Tulane University), Benjamin Harrell (Georgia State University), David Schwegman (American University)

Abstract:
Crises such as pandemics and recessions increase mental illness and suicidality. Care from mental health professionals (MHPs) such as counselors, therapists, and psychologists, can help people affected by these conditions. However, little is known as to how access to critical mental health care services changes during a crisis or recession. There are numerous ways the market could be affected. First, demand may increase as mental health issues become exacerbated. Second, demand may decrease as incomes decrease, given that demand for mental health care is sensitive to income. Third, the widespread shift to telehealth may affect both supply and demand as patients or MHPs may have a preference towards or against face-to-face sessions.

Since January 2020, we have conducted an email correspondence field experiment to study discrimination in access to mental health care in the United States. In each email, prospective patients introduce themselves, mention their mental health concern (anxiety, stress, or depression), request an appointment, and, for trans/nonbinary people, mention they are seeking a therapist who is “trans-friendly.” Because we started collecting data before the effects of the COVID-19 pandemic spread widely in the United States and continued throughout the pandemic, we use this data to observe how access to mental health care varies by the severity of the crisis. In particular, we consider variation over time by comparing appointment offer rates before, during, and after the pandemic. We also examine variation across geography, where different areas experienced the pandemic at different intensities and at different times.

Understanding the role of widespread crises in access to mental health care is especially important given the worsening mental health conditions that a crisis brings: higher rates of anxiety, depression, substance abuse, and suicidality. If the crisis changes the supply of mental health care appointments, people may be inhibited from using mental health care to treat the very conditions that the crisis magnified.

Data description:
We will match three data sources: (1) our own data on appointment offer rates for individual providers over time and by location, (2) data on the intensity of the COVID-19 crisis by metropolitan area in the US (e.g., number of cases per capita), (3) data on COVID-19 related shutdown or emergency declaration policies, at the federal, state, and local levels in the United States.

JEL codes for the project: J16, J15, I11, I14, K38

Key-words: mental health, counseling, therapy, COVID-19, coronavirus, discrimination, race, ethnicity, gender identity, transgender, audit study