

## **Collaborative Care, Medication-Assisted Therapy Key to Preventing Thousands of Deaths from COVID-Related Suicide and Overdose**

**DALLAS** - The Meadows Mental Health Policy Institute (MMHPI) in Texas and Steinberg Institute in California today issued a report by MMHPI’s epidemiologists and economists analyzing the potential of the collaborative care model (CoCM) and medication-assisted treatment (MAT) for reducing deaths from suicide and overdose. The analysis models the potential impact of universal access to these services, and it demonstrates how widespread expansion of these evidence-based treatments could mitigate a projected increase in both suicide and overdose deaths due to the COVID-19 recession, and potentially reduce rates to below pre-COVID levels.

“Even before the COVID-19 pandemic, America was facing an epidemic in rates of suicide and substance use disorder, and the economic turmoil and broader impacts of the coronavirus has only made that crisis worse,” said MMHPI President and CEO Andy Keller, PhD. “While more research is desperately needed to improve care options, we can save thousands of lives annually if we simply invested more in two well-established treatments – collaborative-based care and medication-assisted therapy (MAT) – to give more people real hope for recovery from depression and opioid addiction.”

“It's important to realize that we know what works. Collaborative care and MAT are effective treatments that save lives, yet many Americans die from lack of access to these treatments. We need to close this gap between what we know and what we do for people with behavioral health problems,” said Thomas R. Insel, MD, Chair, Steinberg Institute.

The report projects that universal access to collaborative care for every American with depression could prevent between 9,000 and 14,500 deaths from suicide each year, saving between 725 and 1,100 people in Texas and 850 and 1,400 in California. Similarly, expanding MAT access to everyone with an opioid use disorder could prevent 24,000 overdose deaths nationwide, saving an additional 1,600 people in Texas and 2,500 in California.

In a previous [analysis](#), MMHPI drew upon data from recent recessions to project that for every 5% increase in the unemployment rate over pre-COVID levels, we could lose 4,000 more Americans to suicide, including 300 Texans and 375 Californians. The same projections add an additional 5,500 American drug overdose deaths, including 425 in Texas and 650 in California. The new study shows that current treatments have the potential to reduce these deaths, even offsetting the projected increases driven by COVID-19 and bending the curve of the longer-term crisis.

“Particularly with the stresses associated with COVID-19, employers want to ensure that employees and their families are being diagnosed and treated for issues like depression and addiction,” said Michael Thompson, President and CEO of the National Alliance of Healthcare Purchaser Coalitions. “Not only will it save lives, it will improve the wellbeing and productivity of the American workforce.” The National Alliance and MMHPI are both members of [\*The Path Forward for Mental Health and Substance Use\*](#), a national initiative working with health purchasers to expand access to collaborative care and other proven treatments.

Collaborative care has been demonstrated as effective in treating depression, bipolar and anxiety disorders, and death from suicide in over 90 rigorous research studies and multiple real-world demonstrations. Collaborative care has achieved remission rates substantially higher than treatment as usual, and it is the only evidence-based medical procedure currently reimbursable in primary care. Collaborative care also has strong evidence of cost savings, with the potential to save billions of dollars in excess health spending and even more through improved productivity for people with depression at work. However, it has only been widely reimbursable by insurance since 2019, and most health systems and primary care providers have yet to offer it.

MAT treats substance use disorder by providing medications such as buprenorphine, naltrexone, and methadone, alongside counseling, to reduce the symptoms of withdrawal and to support people in their recovery from opioid addiction. Substantial evidence shows that MAT helps reduce relapse rates and drug overdose deaths, indicating people with opioid use disorder who are not treated with MAT are more than eight times more likely to suffer overdose than those who are treated with MAT. However, many barriers to universal MAT access remain, especially in rural areas. Studies suggest that rural PCPs are among the least likely to be able to use MAT in treating substance use disorder. In Texas, only 10% of counties have a provider authorized to prescribe MAT.

“We have known for over a decade that best practices in primary care settings like the collaborative care model and MAT work,” said American Psychiatric Association (APA) CEO and Medical Director Saul Levin, MD, MPA. “MMHPI’s analysis models the potential of universal access, and we need health systems and payors to expand access to these life-saving treatments sooner rather than later.” The APA and APA Foundation are also partners in *The Path Forward for Mental Health and Substance Use*.

Given the projected, positive impact of collaborative care and MAT, this study suggests policymakers should prioritize strategies to expand the capacity of primary care providers to deliver these services. Recommendations include reducing federal restrictions on the capacity of primary care providers to prescribe MAT medications, making the temporary COVID-19 provisions related to telehealth permanent, including allowing for the prescription of MAT medications via telehealth, and providing federal subsidies to accelerate the development of primary care capacity to offer collaborative care.

The entire report can be found at:

<https://www.texasstateofmind.org/uploads/whitepapers/COVID-MHSUDPrevention.pdf>

MMHPI's first report analyzing the mental health impacts of the COVID pandemic can be found at: <https://www.texasstateofmind.org/uploads/whitepapers/COVID-MHSUDImpacts.pdf>

A breakdown on the projected effects of a COVID recession on each U.S. state can be found at: <https://www.texasstateofmind.org/uploads/whitepapers/COVID-MHSUDImpacts-StateAppendix.pdf>

Organizations sharing data from this report should be mindful of the potential effects of misreporting information on suicide and overdose deaths on people at risk for such outcomes and follow national guidelines on reporting published by the American Foundation for Suicide Prevention that can be found at: <https://www.datocms-assets.com/12810/1577098744-13763toptennotesreportingonsuicidelflyerm1.pdf>

For mental health resources during a pandemic, visit [www.texasstateofmind.org/covid-19/](http://www.texasstateofmind.org/covid-19/).

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### **About MMHPI**

Since its public launch in 2014, MMHPI has helped Texas legislators, state officials, members of the judiciary, and local leaders identify systemic mental health needs and solutions, quickly becoming Texas's most trusted source for data-driven mental health policy. The Institute has begun to make a significant impact in multiple areas, helping Texas leaders expand the mental health workforce, improve access to care for veterans and their families, shift the focus of new investments toward early intervention, and address the mental health crisis in our jails and emergency rooms. Learn more at <https://www.texasstateofmind.org/>.

### **About Steinberg Institute**

The Steinberg Institute, founded by Sacramento Mayor and former California Senate President Pro Tem Darrell Steinberg is a non-profit public policy institute that plays a unique role in California, bringing independent voice and vision to issues of mental health and addiction policy. Learn more at <https://steinberginstitute.org/>.

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