



MENTAL ILLNESS IN THE AGE OF THE COVID-19 PANDEMIC

BART WAGNER, M.D.

ASSOCIATE PROFESSOR DEPARTMENT OF PSYCHIATRY & BEHAVIORAL MEDICINE LSU
HEALTH SHREVEPORT

PROGRAM DIRECTOR, CHILD & ADOLESCENT PSYCHIATRY FELLOWSHIP



DISCLOSURE STATEMENT

I have no relationship(s) with industry to disclose relative to the content of this CME activity.



LEARNING OBJECTIVES

- Identify individuals at increased risk of psychological distress during the COVID-19 pandemic.
- Describe methods that can alleviate stress experienced by Adolescents and Young Adults during the COVID-19 pandemic.

COVID19 TIMELINE

- January 20, 2020: First confirmed case in the United States
- February 29, 2020: First death in the U.S.
- Early March: Most states had identified cases
- March 13: Proclamation Declaring a National Emergency Concerning the Novel Coronavirus Outbreak
 - Many states closed schools and issued stay-at-home orders

IMPACT ON CHILDREN & ADOLESCENTS

- Heightened stress on children and parents/caregivers during the pandemic
 - School closures
 - Income loss
 - Close quarters
 - Limited or no contact with outside support systems
 - Social isolation
- Increased risk for child abuse and neglect

CHILD ABUSE AND NEGLECT

- Official reports to child protection agencies have declined through out the United States (20%-70%)
 - Decreased in-person contact between children and mandatory reporters (teachers, social workers, and physicians)

Welch M. Haskins R. What COVID-19 means for America's child welfare system. Washington, DC: Brookings Institution: 2020.
<https://brookings.edu/research/what-covid-19-means-fore-americas-child-welfare-system/>

CHILD ABUSE AND NEGLECT

- CDC examined total number of U.S. Emergency Department visits related to suspected or confirmed child abuse and neglect, and the proportion of those visits which resulted in hospitalization from January 2019-September 2020
 - During the period March 29-April 25 2020, ED visits decreased 53% from the previous year
 - The proportion of visits resulting in hospitalization increased in all age groups

	2019	2020
• 0-4 years:	3.5%	5.3%
• 5-11 years:	0.7%	1.3%
• 12-17 years:	1.6%	2.2%

Elizabeth Swedo, Nimi Idaikkadar, Ruth Leemis, et al. Trends in U.S. Emergency Department Visits Related to Suspected or Confirmed Child Abuse and Neglect Among Children and Adolescents Aged <18 Years Before and During the COVID-19 Pandemic-United States, January 2019-September 2020. Morbidity and Mortality Weekly Report. Vol. 69 No. 49. US Department of Health and Human Services/Centers for Disease Control and Prevention.

SOCIAL ISOLATION AND LONELINESS IN CHILDREN AND ADOLESCENTS

- Loneliness: Discrepancy between actual and desired social contact
- During the COVID-19 emergency up to 1 /3 of adolescents report high levels of loneliness
- A systemic review of 63 studies examining the impact social isolation/loneliness and mental health of previously healthy children and adolescents showed:
 - Loneliness was associated with future mental health problems up to 9 years later
 - Strongest association was depression
 - Girls>Boys
 - Boys>Girls for social anxiety

VULNERABLE POPULATIONS

- Individuals with Autism Spectrum Disorders, Cognitive Impairment or other developmental disabilities
 - Higher risk for Covid-19 infection
 - Disruption in daily routine often poorly tolerated
 - Youth residing in residential (group homes) or forensic settings more susceptible to communicable diseases
 - Limited visitation by families and limited home passes for residents

YOUNG ADULTS

- CDC surveyed 731 young adults age 18-24 during the week of June 24-30
 - Anxiety: 49.1%
 - Depression: 52.3%
 - Substance Use (either started or increased use): 24.7%
 - Seriously considered suicide in the previous 30 days: 25.5%
 - When compared to other age groups:
 - 6.66 times as likely to consider suicide versus respondents ages 45-64
 - 12.51 times as likely as respondents ages 65 and older

Mark Czeisler, Rashon Lane, Emiko Petrosky, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic-United States, June 24-30, 2020. Morbidity and Mortality Weekly Report. Vol. 69 No. 32. US Department of Health and Human Services/Centers for Disease Control and Prevention.

COVID-19 ADULT RESILIENCE EXPERIENCES STUDY (CARES)

- 898 adults ages 18-30 surveyed from April 13th-May 19th 2020
 - 30 minute online survey regarding COVID-19 experiences, risk and resilience, and physical and mental health
 - Results:
 - Elevated loneliness: 61.5%
 - Low resilience: 72%
 - Low Distress tolerance: 74.1%
 - Elevated levels of depression: 45.3%
 - Elevated anxiety: 45.4%
 - Elevated levels of PTSD symptoms: 31.8%
 - Limitations: 81.% of participants female

Cindy Liu, Emily Zhang, Ga Wong, et al. Factors associated with depression, anxiety, and PTSD symptomatology during the COVID-19 pandemic: Clinical implications for U.S. young adult mental health. *Psychiatry Research* 290 (2020) 113172.

TEXAS A&M SURVEY OF 195 STUDENTS IN APRIL 2020

- Surveyed 195 students in April 2020
 - Average age: 20.7 years
 - 57% Female, 43% Male
 - 70% were juniors or seniors
- Results
 - 71% reported increased stress/anxiety due to COVID-19
 - 89% reported increased difficulty in concentrating on academics
 - 86% reported disrupted sleep patterns
 - 86% reported increased social isolation
 - 82% were concerned with their academic performance
 - 70% reported negative dietary patterns
 - 44% reported depressive thoughts
 - 8% reported suicidal thoughts

Changwon Son, Sudeep Hegde, Alec Smith, et al. Effects of COVID-19 on College Students' Mental Health in the United States: Interview Survey Study. *Journal of Medical Internet Research*. 2020 Sep; 22(9): e21279

MENTAL HEALTH AND WELLNESS

- The University of Vermont Wellness Environment Program (WE)
 - Incentive based behavioral change program
 - Students living in a WE dorm receive incentivized exercise, mindfulness, yoga, nutrition, mentoring and community opportunities
 - Students agree not to possess alcohol, drugs, or drug paraphernalia in the dorm

MENTAL HEALTH AND WELLNESS

- The University of Vermont Wellness Study
 - 977 full time first year undergraduates enrolled in the study Fall 2019
 - Spring of 2020 (prior to the stay at home order) 675 students completed full assessment of behavioral and emotional functioning
 - 485 students completed a follow up survey at the end of the spring 2020 semester
 - 67% of study participants were enrolled in the Wellness Environment Program

THE UNIVERSITY OF VERMONT WELLNESS STUDY

- Results
 - Modest improvement in internalizing problems
 - Increase in attention and externalizing problems
 - Students participating in the Wellness Environment Program were less effected

William Copeland, Ellen McGinnis, Yang Bai, et al. Impact of COVID-19 Pandemic on College Student Mental Health and Wellness. Journal of the American Academy of Child & Adolescent Psychiatry. Vol 60 No. 1. January 2021.

TELEHEALTH

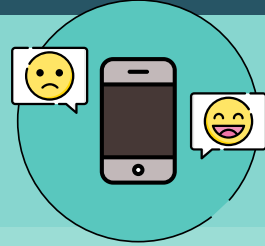
- Telepsychiatry (Tele-mental health)
 - In response to the pandemic, both institutions and state/federal telehealth regulations were amended to encourage expansion of virtual patient encounters
 - Centers for Medicare and Medicaid Services eliminated geographic restrictions and enhanced reimbursement for telehealth services
 - CDC and Health Resources and Services Administration (HRSA) analyzed data from 245 health centers for 20 weeks (June 26th-November 6th 2020) regarding telehealth visits
 - Nationally: 35.8% week of June 26th. 26.9% week of November 6th
 - Disparities between urban and rural areas and among regions of the country
 - Southern Region 20.4%
 - Urban 35.2% vs. Rural 21.7%

TELEHEALTH

- Important considerations:
 - For children/adolescents
 - Young children and patients with disabilities may not tolerate virtual visits
 - Young children may require adult assistance/supervision
 - Access
 - Some families may not have access to the technology required for virtual visits

Hanna Demeke, Sharifa Merali, Suzanne Marks, et al. Trends in Use of Telehealth Among Health Centers During the COVID-19 Pandemic-United States, June 26-November 6, 2020. Morbidity and Mortality Weekly Report. Vol. 70 No. 7. US Department of Health and Human Services/Centers for Disease Control and Prevention.

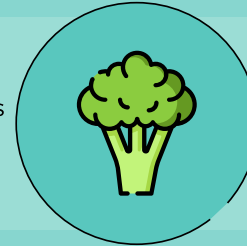
Coping with stress during the 2019-nCoV outbreak



It is normal to feel sad, stressed, confused, scared or angry during a crisis.

Talking to people you trust can help. Contact your friends and family.

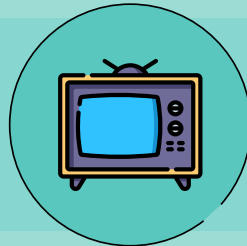
If you must stay at home, maintain a healthy lifestyle - including proper diet, sleep, exercise and social contacts with loved ones at home and by email and phone with other family and friends.



Don't use smoking, alcohol or other drugs to deal with your emotions.

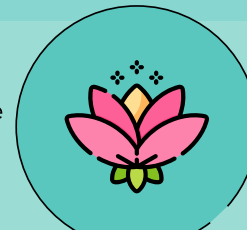
If you feel overwhelmed, talk to a health worker or counsellor. Have a plan, where to go to and how to seek help for physical and mental health needs if required.

Get the facts. Gather information that will help you accurately determine your risk so that you can take reasonable precautions. Find a credible source you can trust such as WHO website or, a local or state public health agency.



Limit worry and agitation by lessening the time you and your family spend watching or listening to media coverage that you perceive as upsetting.

Draw on skills you have used in the past that have helped you to manage previous life's adversities and use those skills to help you manage your emotions during the challenging time of this outbreak.





RESOURCES

- [HTTP://WWW.CDC.GOV/POPULATIONHEALTH/WELL-BEING](http://www.cdc.gov/populationhealth/well-being)

IF YOU ARE IN CRISIS, GET IMMEDIATE HELP:

CALL 911

[NATIONAL SUICIDE PREVENTION LIFELINEEXTERNAL ICON](#): 1-800-273-TALK (8255) FOR ENGLISH, 1-888-628-9454 FOR SPANISH, OR [LIFELINE CRISIS CHATEXTERNAL ICON](#).

[NATIONAL DOMESTIC VIOLENCE HOTLINEXTERNAL ICON](#): 1-800-799-7233 OR TEXT LOVEIS TO 22522

[NATIONAL CHILD ABUSE HOTLINEXTERNAL ICON](#): 1-800-4ACHILD (1-800-422-4453) OR TEXT 1-800-422-4453

[NATIONAL SEXUAL ASSAULT HOTLINEXTERNAL ICON](#): 1-800-656-HOPE (4673) OR [ONLINE CHAT EXTERNAL ICON](#)

[VETERAN'S CRISIS LINEEXTERNAL ICON](#): 1-800-273-TALK (8255) OR [CRISIS CHATEXTERNAL ICON](#) OR TEXT: 8388255

[DISASTER DISTRESS HELPLINEEXTERNAL ICON](#): CALL OR TEXT 1-800-985-5990 (PRESS 2 FOR SPANISH).

[THE ELDERCARE LOCATOREXTERNAL ICON](#): 1-800-677-1116 – [TTY INSTRUCTIONSEXTERNAL ICON](#)

- 
- The background is a blue gradient. In the corners, there are decorative white line art elements resembling circuit boards or neural networks, with lines and small circles.
- **Links:**
 - **For Families and Children**
 - **For People at Higher Risk for Serious Illness**
 - **For Healthcare Workers and First Responders**

SUMMARY

- The COVID-19 pandemic severely disrupted virtually all aspects of daily life
- The long term mental health consequences of the pandemic and continuing lock down (in some areas) on children, adolescents, as well as adults is unknown

QUESTIONS/COMMENTS