

Mental Health Impact of COVID-19

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The National Academies of Science, Engineering and Medicine:
Forum on Mental Health and Substance Use Disorders

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National Institute
of Mental Health

Agenda

- What We Know
- Using Prior Knowledge to Inform Our Response
- Questions for the Future

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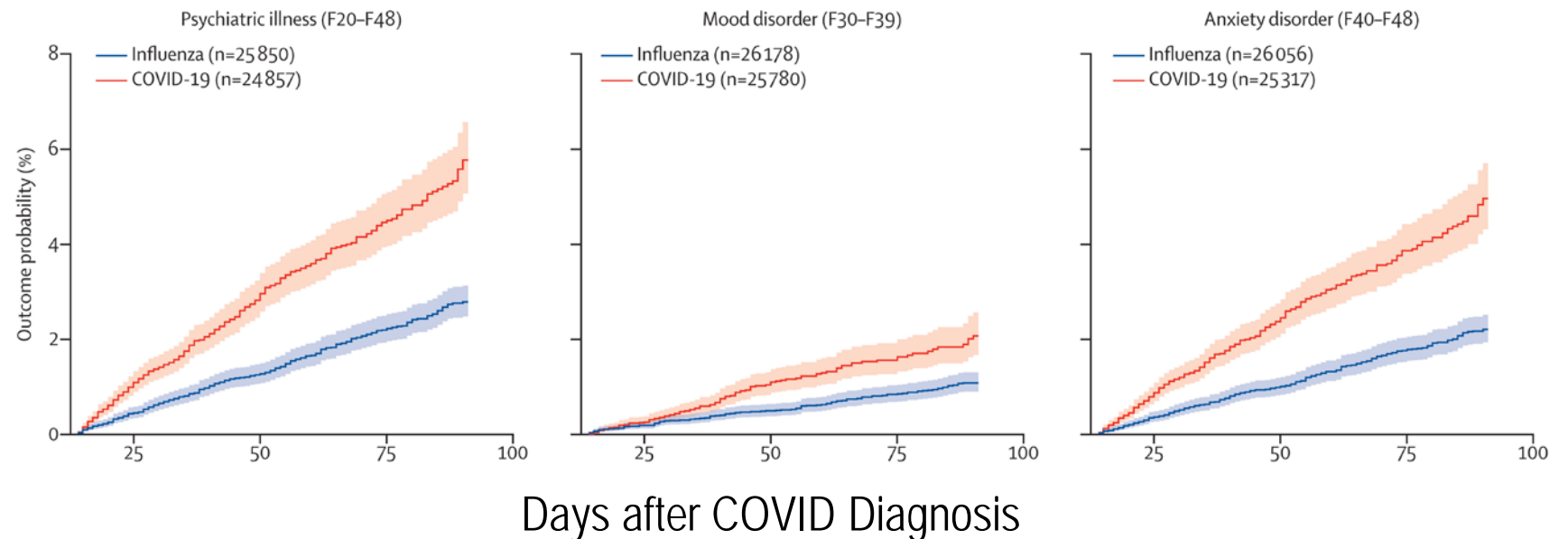
Adverse Mental Health Consequences of SARS-CoV2 Infection

Bidirectional associations between COVID-19 and psychiatric disorder: retrospective cohort studies of 62 354 COVID-19 cases in the USA

Maxime Taquet, Sierra Luciano, John R Geddes, Paul J Harrison

New Onset: 5.8%

All:18%



Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020

Mark É. Czeisler^{1,2}; Rashon I. Lane MA³; Emiko Petrosky, MD³; Joshua F. Wiley, PhD¹; Aleta Christensen, MPH³; Rashid Njai, PhD³; Matthew D. Weaver, PhD^{1,4,5}; Rebecca Robbins, PhD^{4,5}; Elise R. Facer-Childs, PhD¹; Laura K. Barger, PhD^{4,5}; Charles A. Czeisler, MD, PhD^{1,4,5}; Mark E. Howard, MBBS, PhD^{1,2,6}; Shantha M.W. Rajaratnam, PhD^{1,4,5}

During late June, 40% of U.S. adults reported struggling with mental health or substance use*

ANXIETY/DEPRESSION SYMPTOMS



STARTED OR INCREASED SUBSTANCE USE



TRAUMA/STRESSOR-RELATED DISORDER SYMPTOMS



SERIOUSLY CONSIDERED SUICIDE†



*Based on a survey of U.S. adults aged ≥18 years during June 24–30, 2020

†In the 30 days prior to survey

- Symptoms are not necessarily impairing or clinically indicative/in need of treatment
- Potential bias in sampling make data not directly comparable with earlier data

Pandemic Impact Beyond Direct Morbidity and Mortality

Morbidity and Mortality Weekly Report

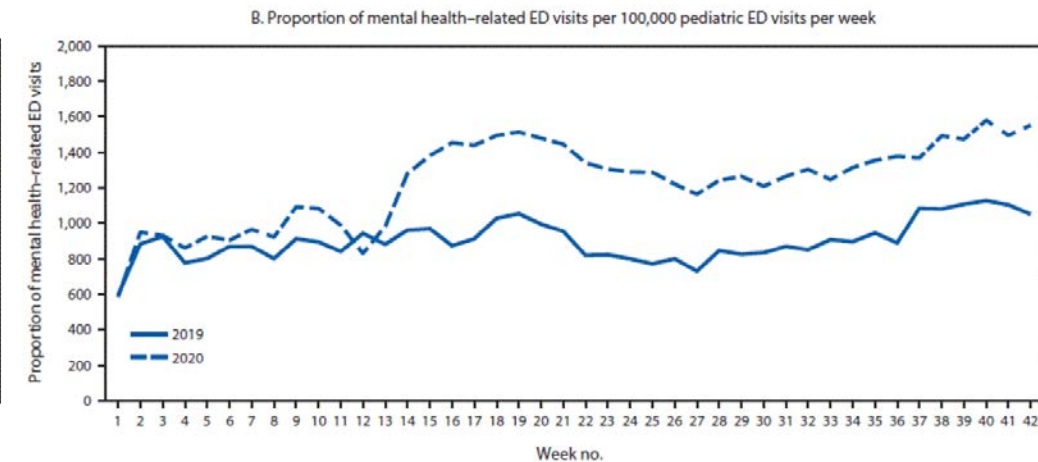
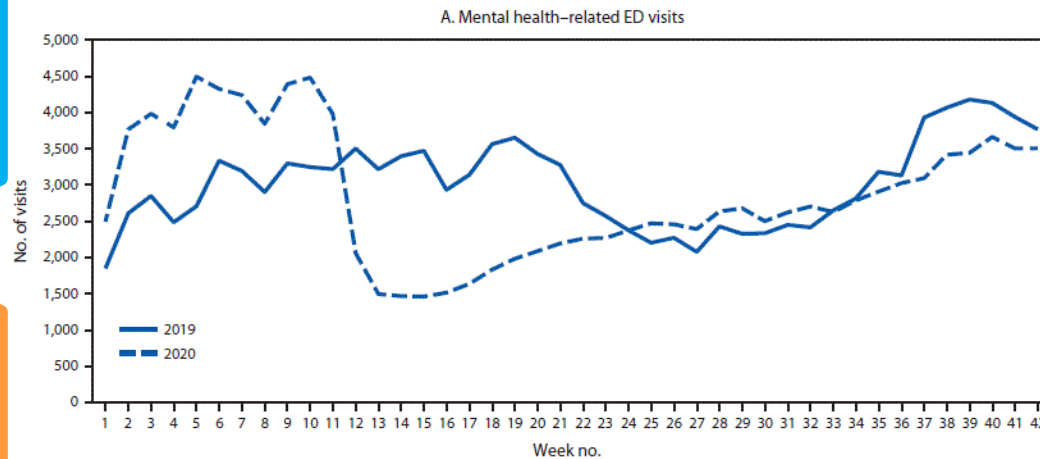
Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020

Rebecca T. Leeb, PhD¹; Rebecca H. Bitsko, PhD¹; Lakshmi Radhakrishnan, MPH²; Pedro Martinez, MPH³; Rashid Njai, PhD⁴; Kristin M. Holland, PhD⁵

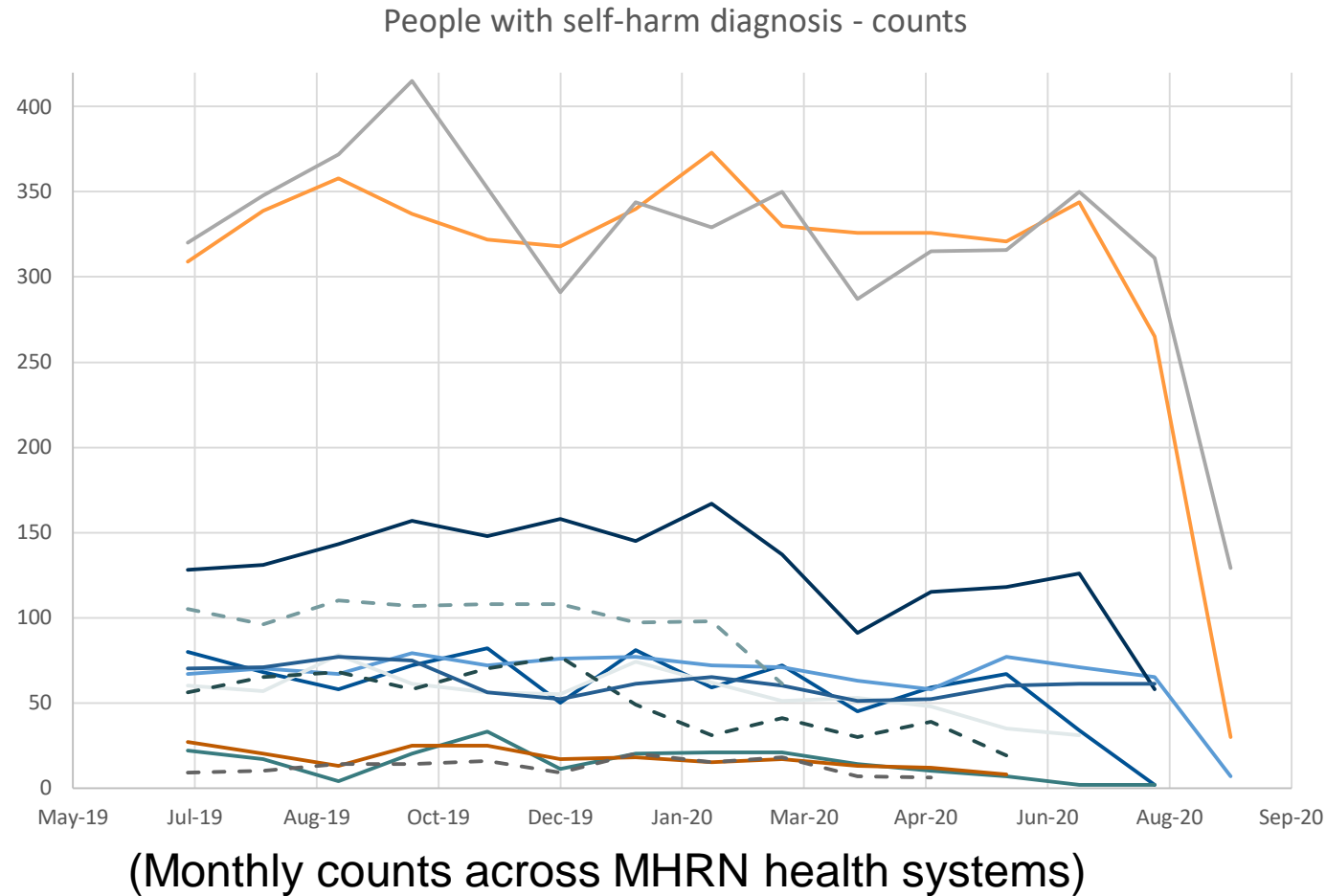
Social

Behavioral

Economic



Diagnoses of suicide attempt or self-harm: Stable?



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Lessons Learned: Previous Disasters and Mass Traumas

- Most people who are exposed to trauma improve with time
- Significant minority of people exposed to trauma may have long-term or chronic experiences with mental illness
 - Higher risk
 - Few social supports
 - History of trauma or mental illness
 - Were exposed directly to death or injuries
 - Had severe acute reactions to disaster
 - Experiencing ongoing stressors—including occupational and financial strain
 - There is no single variable that determines individual outcomes
- Social inequality and health disparities both predict and exacerbate vulnerability in marginalized populations

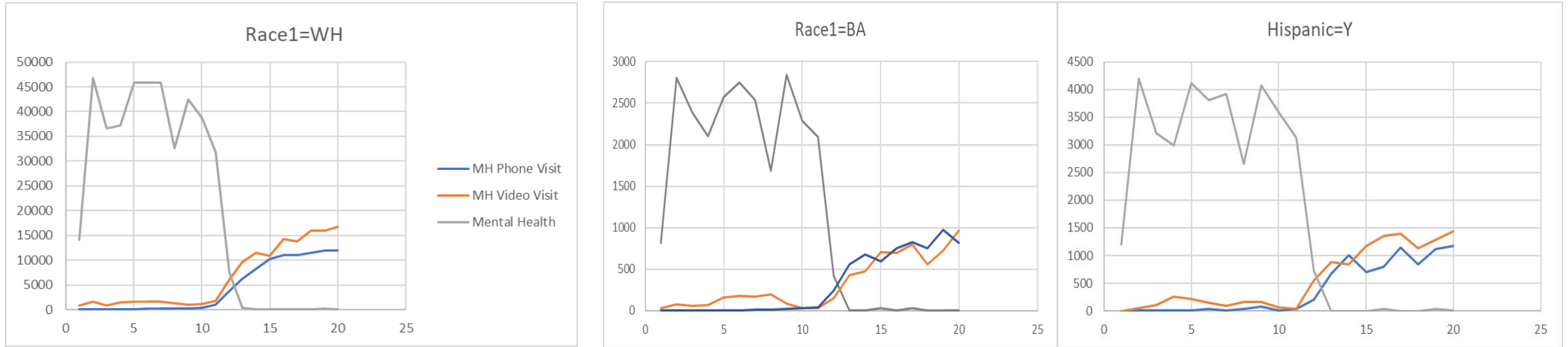
How We Move Forward: Promoting Recovery

- Meeting immediate needs helps long term impacts
 - Practical assistance—shelter, food, safety, economic stability
- Practice healthy coping strategies
 - Note accomplishments, set reasonable expectations, exercise, maintain schedule, eat well, get rest, talk with support network
 - Avoid substance abuse
- Treat new or worsening illness
 - Evidence based screening, assessment, treatment, and care coordination is expensive but cost effective ultimately

Responding to Mental Health Care Needs in the Current Pandemic

- Prior to pandemic, telehealth had been expanding and states with commercial payer laws saw tremendous variability
- Federal and state legislation and regulation quickly changed
 - Coronavirus Preparedness and Response Supplemental Appropriations Act 2020 eased telehealth restrictions for Medicare patients
 - DEA suspended the Ryan Haight Act to facilitate the use of telehealth to provide medication assisted treatment
 - SAMHSA released guidance to increase providing pharmacotherapy for opioid use disorder

Shift to “virtual care”: Are we increasing disparities?



Weekly counts of mental health specialty visits Jan 1 – April 15, 2020

Similar uptake of “virtual” visits
by race and ethnicity

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NIMH COVID-19 Research Funding Opportunities

- General NIMH COVID-19 NOSI ([NOT-MH-20-047](#))
 - NOT-AG-20-022, NOT-MD-20-019
- NOSI: Simulation Modeling and Systems Science to Address Health Disparities ([NOT-MD-20-025](#))
- Community and Digital Healthcare Interventions
 - NOSI for supplements FY 20-21
 - Digital Healthcare ([NOT-MH-053](#))
 - Community ([NOT-MD-022](#))
 - PARs for FY 21 R01s
 - Digital Healthcare ([PAR-20-243](#))
 - Community Interventions ([PAR-20-237](#))

<https://grants.nih.gov/grants/guide/COVID-Related.cfm>

NIH-Wide Social, Behavioral, & Economic Workgroup

OVER 60 WG MEMBERS

- Social, Behavioral, and Economic Impacts of COVID-19 initiative engaged NIH members with representation from 21 ICOs



FUNDED 52 SUPPLEMENTS

- 28 Longitudinal Studies
- 15 Digital Health Studies
- 9 Community Health Studies

DIVERSE POPULATION

- Many health disparity populations (e.g., racial and ethnic minorities, less privileged SES, rural residents)
- Vulnerable populations included community older adults, frontline workers, children



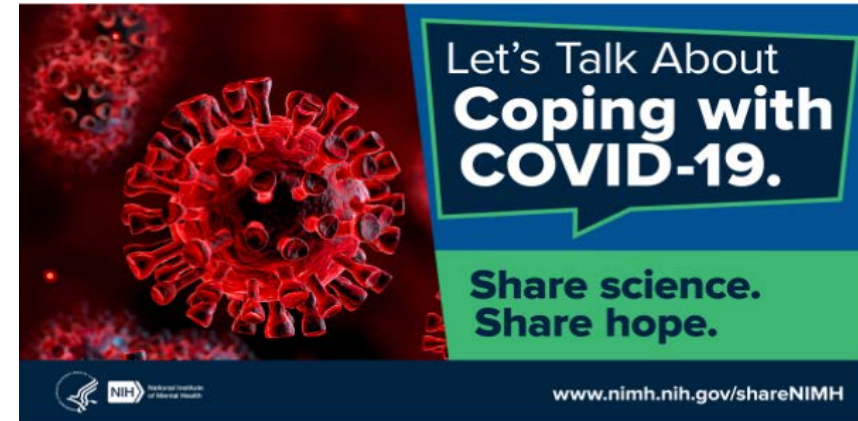
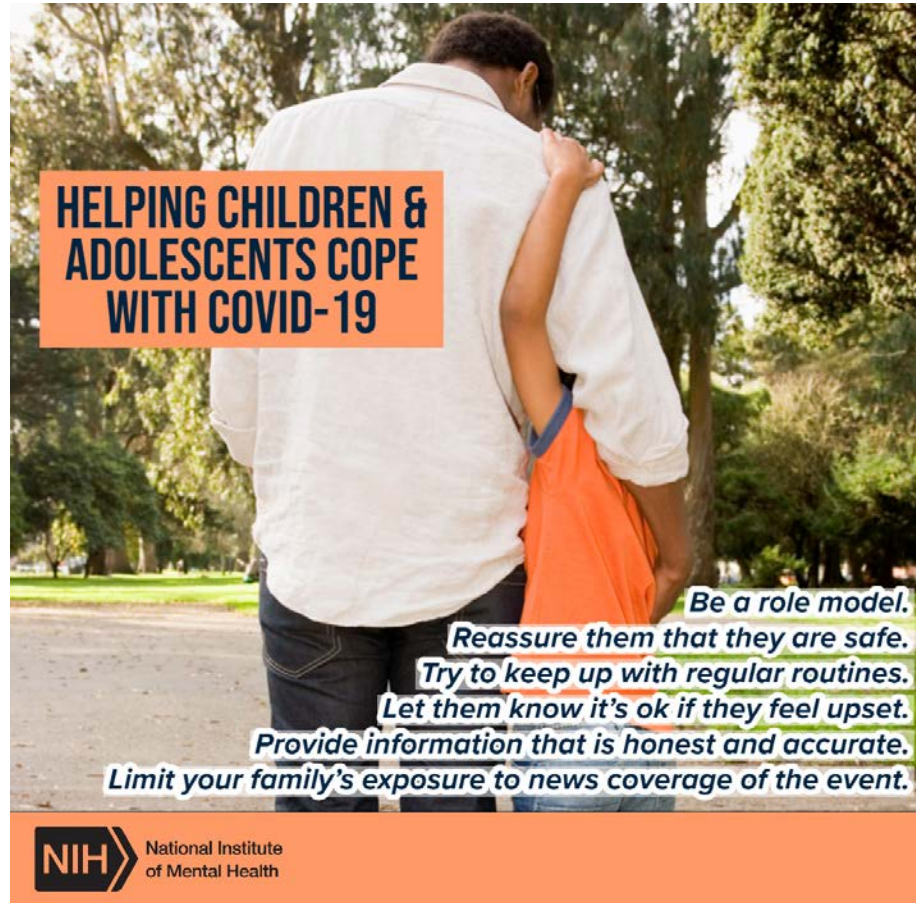
IMPACTFUL RESEARCH

Research focus areas included but not limited to:

- Alcohol, substance abuse, mental health outcomes
- Public health mitigation impact and adherence
- Chronic health conditions



NIMH COVID-19 Shareable Resources



NIMH Vision and Mission

VISION



NIMH envisions a world in which mental illnesses are prevented and cured.

MISSION



To transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure.