Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic

Southern Legislative Conference

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Centers for Disease Control and Prevention, COVID-19 Response Team
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cdc.gov/coronavirus
Mental and Behavioral Health During the COVID-19 Pandemic

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

- Anxiety/depression symptoms: 31%
- Trauma/stressor-related disorder symptoms: 26%
- Started or increased substance use: 13%
- Seriously considered suicide: 11%

*Based on a survey of U.S. adults aged ≥18 years during June 24-30, 2020
†In the 30 days prior to survey

For stress and coping strategies: bit.ly/dailylifecoping

https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm
COVID-19 Outbreak Public Evaluation (COPE) Initiative

What we did...

• Surveyed 5,470 U.S. adult respondents during June 24-30, 2020
• Included a longitudinal analysis of 1,497 U.S. adult respondents (subset of total respondents) who also completed COPE Initiative surveys during April 2-8 and May 5-12, 2020.

What mental & behavioral health items did we assess?

• Symptoms of anxiety disorder: GAD-2
• Symptoms of depressive disorder: PHQ-2
• Symptoms of a trauma- and stressor-related disorder: IES-6
• Started or increased substance use to cope with stress or emotions related to COVID-19
• Serious suicidal ideation in previous 30 days
Anxiety or Depressive Disorder Symptoms and Suicidal Ideation among U.S. Adults - Pre-COVID-19 vs. June 24-30, 2020" compared to previous years...

- Anxiety 3 times higher
- Depression 4 times higher
- Suicidal ideation 2 times higher

Data Source: COPE Initiative, (n= 5,470)
Adverse Mental and Behavioral Health Symptoms Among 5,470 Adults United States, June 24-30, 2020

<table>
<thead>
<tr>
<th>Condition</th>
<th>Prevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms of at least one of these adverse mental and behavioral health conditions</td>
<td>40.9</td>
</tr>
<tr>
<td>Symptoms of either Anxiety Disorder or Depressive Disorder</td>
<td>30.9</td>
</tr>
<tr>
<td>Symptoms of a Trauma-and Stressor-Related Disorder (TSRD) Related to COVID-19</td>
<td>26.3</td>
</tr>
<tr>
<td>Started OR increased substance use to cope with stress or emotions related to COVID-19</td>
<td>13.3</td>
</tr>
<tr>
<td>Serious suicidal ideation in the 30 days previous to completing the survey</td>
<td>10.7</td>
</tr>
</tbody>
</table>

Data Source: COPE Initiative, (n= 5,470)
Prevalence of Anxiety or Depressive Symptoms and Suicidal Ideation by Race/Ethnicity United States, June 24-30, 2020

- Symptoms of anxiety or depressive disorder
- Started or Increased Substance Use to Cope with Stress or Emotions Related to COVID-19
- Serious suicidal ideation in previous 30 days

Data Source: COPE Initiative, (n=5,470)

*statistically significant
Prevalence of Anxiety or Depressive Symptoms and Suicidal Ideation by Employment and Caregiver Status-June 24-30, 2020

Data Source: COPE Initiative, (n=5,470)
Adverse Mental & Behavioral Health Symptoms Among Essential Workers

Data Source: COPE Initiative, (n= 1,497)
Adverse Mental & Behavioral Health Symptoms Among Unpaid Caregivers for Adults

Unpaid Caregivers for Adults

<table>
<thead>
<tr>
<th>Condition</th>
<th>Odds Ratio</th>
<th>OR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms of anxiety disorder (Ref: No)</td>
<td>1.97</td>
<td>1.25-3.11</td>
</tr>
<tr>
<td>Adjusted</td>
<td>1.81</td>
<td>1.14-2.87</td>
</tr>
<tr>
<td>Symptoms of depressive disorder (Ref: No)</td>
<td>2.29</td>
<td>1.50-3.50</td>
</tr>
<tr>
<td>Adjusted</td>
<td>2.22</td>
<td>1.45-3.41</td>
</tr>
<tr>
<td>Symptoms of anxiety or depressive disorder (Ref: No)</td>
<td>1.84</td>
<td>1.19-2.85</td>
</tr>
<tr>
<td>Adjusted</td>
<td>1.73</td>
<td>1.14-2.70</td>
</tr>
<tr>
<td>Symptoms of a TSRD related to COVID-19 (Ref: No)</td>
<td>1.66</td>
<td>0.99-3.50</td>
</tr>
<tr>
<td>Adjusted</td>
<td>1.70</td>
<td>0.64-3.42</td>
</tr>
<tr>
<td>Started or increased substance use to cope with stress or emotions related to COVID-19 (Ref: No)</td>
<td>3.51</td>
<td>1.86-6.61</td>
</tr>
<tr>
<td>Adjusted</td>
<td>3.33</td>
<td>1.75-6.31</td>
</tr>
<tr>
<td>Serious suicidal ideation in previous 30 days (Ref: No)</td>
<td>3.00</td>
<td>1.20-7.52</td>
</tr>
<tr>
<td>Adjusted</td>
<td>3.03</td>
<td>1.20-7.63</td>
</tr>
</tbody>
</table>

Adjusted for gender, employment status, and essential worker status.

Lower Odds

Higher Odds
HAVE WE CONTINUED TO SEE A DECLINE IN MENTAL HEALTH?

Follow-up: Mental and Behavioral Health During Fall 2020

- 5186 US adult respondents representative of age, sex, and race/ethnicity
- Surveys administered August 28 to September 6, 2020

https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2776559
Disproportionately affected groups:

- Younger adults
- Multigenerational caregivers
- People with disabilities or a history of diagnosed psychiatric or substance use conditions
- People who identified as gay or lesbian and bisexual
- Essential workers, unemployed adults
- People experiencing insomnia symptoms

Notes

Disability status = limitations of activities because of physical, mental, or emotional conditions, or health conditions that require special equipment

Psychiatric conditions included anxiety, depression, and PTSD, as well as substance use
Disproportionately Affected Populations

- Started or increased substance use to cope with stress or emotions during the prior 30 days

<table>
<thead>
<tr>
<th>Category</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>All 5,186 respondents</td>
<td>15.1</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>12.5</td>
</tr>
<tr>
<td>Lesbian or gay</td>
<td>30.4</td>
</tr>
<tr>
<td>Bisexual</td>
<td>47.1</td>
</tr>
<tr>
<td>Other or unknown</td>
<td>24.1</td>
</tr>
<tr>
<td>Not</td>
<td>5.0</td>
</tr>
<tr>
<td>For adults only</td>
<td>8.6</td>
</tr>
<tr>
<td>For children only</td>
<td>8.0</td>
</tr>
<tr>
<td>For both</td>
<td>59.2</td>
</tr>
<tr>
<td>No</td>
<td>9.6</td>
</tr>
<tr>
<td>Yes</td>
<td>34.1</td>
</tr>
<tr>
<td>Unknown or prefer not to say</td>
<td>9.6</td>
</tr>
<tr>
<td>No</td>
<td>5.6</td>
</tr>
<tr>
<td>Yes</td>
<td>31.2</td>
</tr>
</tbody>
</table>

2021 Czeisler et al. JAMA Network Open
Implications

- Adverse mental and behavioral health symptoms continued in the Fall of 2020
- Need to continue monitoring adverse mental and behavioral health
  - Especially in disproportionately affected populations
  - Identifying and responding to misuse of substances
Key Discussion Points

• Broad impact of the pandemic—there is a need to address mental health, substance use and suicidal ideation

• Communication strategies
  – promotion of health services
  – culturally and linguistically tailored prevention messaging

• Prioritize disproportionately affected groups: young adults, racial/ethnic minorities, sexual/gender minorities, essential workers, and unpaid adult caregivers.
Recommendations

• Prepare support systems to prevent the risk for adverse mental and behavioral health conditions

• Expand use of telehealth

• Expand community-level intervention and prevention
  • strengthen economic supports
  • address stress from experienced racial discrimination
  • promote social connectedness
  • support persons at risk for suicide
  • provide harm reduction services
COVID-19 Questions and Answers: For People Who Use Drugs or Have Substance Use Disorder

COVID-19 Questions and Answers: For People Who Use Drugs or Have Substance Use Disorder

Updated Mar. 26, 2021   Language  Print

Having a substance use disorder can make you more likely to get severely ill from COVID-19. People who use drugs may also have underlying medical conditions that put them at increased risk for severe illness from COVID-19, and they may have concerns and questions related to their risk. Additionally, recent data and reports show that fatal drug overdoses in the United States have been increasing before and during the COVID-19 pandemic.

This is an emerging, rapidly evolving situation and CDC will provide updated information as it becomes available.

For People Who Use Drugs or Have Substance Use Disorder

Am I more likely to get COVID-19 or have severe COVID-19 outcomes if I use drugs or have a substance use disorder?

What should I do if I have substance use disorder and no longer have access to my treatment program because of COVID-19?

I am using drugs and want to stop, but I am afraid to seek help because of COVID-19. What can I do?
For Medical Professionals

• Screen all adult patients for excessive drinking
• Advise patients who screen positive for drinking too much to drink less (and refer people who might have an alcohol use disorder to specialized treatment)
• Screen all adults for substance use and refer people who might have a substance use disorder to specialized treatment
• Consider becoming a buprenorphine waivered practitioner to treat opioid use disorder (OUD)
• Ensure patients with opioid use disorder have a prescription for naloxone.
• Consider expanding telehealth options

Mental Health Resources

• Disaster Distress Helpline
  – https://www.samhsa.gov/disaster-preparedness
  – 1-800-985-5990 (press 2 for Spanish), or text TalkWithUs for English or Hablanos for Spanish to 66746. Spanish speakers from Puerto Rico can text Hablanos to 1-787-339-2663.

• Substance Abuse and Mental Health Services Administration National Helpline
  – 1-800-662-HELP, or TTY 1-800-487-4889.

• National Institute on Alcohol Abuse and Alcoholism alcohol treatment navigator
  – https://alcoholdtreatment.niaaa.nih.gov/

• National Suicide Prevention Lifeline
  – https://suicidepreventionlifeline.org/
  – 1-800-273-TALK for English, 1-888-628-9454 for Spanish, or Lifeline Crisis Chat (https://suicidepreventionlifeline.org/chat/).
Child and Family Mental Health and Emotional Well-Being in the Context of Disasters

Rebecca T. Leeb, PhD
Centers for Disease Control and Prevention
Overview

• What we know about disasters and emotional well-being
• What we know about COVID-19 and child/family emotional well-being
• Promoting emotional well-being during COVID-19 and beyond
What we Know About Disasters and Children’s Emotional Well-Being
Disasters Can Have Negative Effects on Emotional Well-being
“Children...are among those most at risk for psychological trauma and behavioral difficulties after a disaster.”


Children are 24% of the U.S. population
When a disaster happens a child’s view of the world as safe and predictable is temporarily lost.
How Children Respond to Stress During a Disaster Can Depend on:

- Their age and cognitive development
- Their emotional background
- Family functioning and support
- Their proximity to the event
Examples from Past Disaster Events
Disasters Have a Negative Impact on Children’s Emotional Well-Being: Hurricane Maria, 2017

Of parents reported increased anxiety, fear, or sadness in their child 1 year later

44%

Disasters Have a Negative Impact on Children’s Emotional Well-Being: 9/11 Terrorist Attacks, 2001

29%

Of school-aged children reported > 1 anxious or depressive disorder 6 months after the attack

Disasters Have a Negative Impact on Children’s Emotional Well-Being: Ebola Outbreak, 2014

- 20% of cases were in children <15 years
- 1,848 hours of education lost per child
- >17,000 children orphaned

What We Know About COVID-19 and Children’s Emotional Well-Being
COVID-19 Mitigation Measures may Have Unintended Consequences

COVID-19 pandemic

Economic downturn
Business closures
School & health care closure
Civil unrest

Financial hardship
Social isolation
Increased stressors

Mental Distress
Interpersonal violence

https://www.cdc.gov/mmwr/volumes/69/wr/mm6949a1.htm?s_cid=mm6949a1_w
Parents Report Poorer Well-Being for Themselves and Their Children

During March to June, 2020...

27% of parents reported worsening of their own mental health

14% of parents reported worsening behavioral health for their child

1 in 10 families reported co-occurring poorer mental health for parents and behavioral health for children

When community mental health services are interrupted, emergency departments often become a primary point of care.
Hospitals Saw Sharp Increases in the Proportion of Pediatric Mental Health ED Visits

Ages 5-11 years

2019: 24%

2020:

Ages 12-17 years

2019: 31%

https://www.cdc.gov/mmwr/volumes/69/wr/mm6945a3.htm?s_cid=mm6945a3_w
Rates of suicide behaviors by adolescents in Texas were higher during months corresponding to times when COVID-19-related community stressors were heightened.

Percentage of ED Visits Related to Child Abuse/Neglect Ending in Hospitalization Increased

2019: 2.1%
2020: 3.2%*

*p < 0.001

https://www.cdc.gov/mmwr/volumes/69/wr/mm6949a1.htm?s_cid=mm6949a1_w
Promoting Children’s Emotional Well-Being
Monitoring child and family well-being is an essential step to protecting children during and after disasters
Access Influences Whether Families Receive Services

Access to Services

- **Availability**
  Are qualified providers available to my family?

- **Accessibility**
  Is my family able to reach available providers?

- **Affordability**
  Can I afford to pay for the services my child needs?

- **Acceptability**
  Do available providers align with my family’s own needs and preferences?

Utilization of services

Healthy children and families

Policy Approaches to Improve Access to Services

Access to Services

- Availability

Affordability

- Insurance-based policy approaches

Accessibility

- Location-based policy approaches

Acceptability

- Location-based policy approaches

Utilization of services

- Location-based policy approaches

Healthy children and families

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6531603/
Children and adolescents are the future of this nation, and therefore it is imperative to preserve their health and well-being, especially in the face of disaster.

*Behavioral Health Conditions in Children and Youth Exposed to Natural Disasters*  
Substance Abuse and Mental Health Services Administration, 2018  
Select Resources from CDC
COVID-19 Resources

- **COVID-19 - Stress & Coping**
  Information and resources about stress and coping during the COVID-19 pandemic

- **COVID-19 – Keeping Kids Healthy: Children, Teens and Young Adults**
  Help your child stay healthy and help them cope with stress during the outbreak.

- **How Right Now: Finding What Helps**
  Website to provide emotional well-being and mental health resources, hotlines and tips and tools for ways to reduce stress and increase resiliency during the COVID-19 pandemic

- **Parental Resources Kit: Ensuring Children & Young People’s Well-being**
  The COVID-19 Parental Resource Kit: Ensuring Children and Young People’s Social, Emotional, and Mental Well-being can help support parents, caregivers, and other adults serving children and young people in recognizing children and young people’s social, emotional, and mental health challenges and helping to ensure their well-being.
Select Resources from CDC

General resources

- **Impact of Ebola on Children**
  Web page with information about the cost of the 2014-2016 Ebola outbreak in West Africa.

- **Caring for Children in a Disaster**
  Web pages providing information, tools and resources about protecting children before, during, and after a disaster or public health crisis.
  [Helping Children Cope](#)

- **Ready Wrigley activity books for children**
  Activity books for children ages 3-10 years. These books offer parents and educators an interactive way to talking to children about disasters and emergency preparedness. Books cover various topics including, coping after a disaster, preparing for severe weather, preparing for flu season, Zika virus disease, and post-disaster clean-up.

- **Learn about Children’s Mental Health**
  Information, research and resources about childhood mental disorders and child development

- **Injury and Violence Prevention**
  Information, research and resources about violence-related topics including intimate partner violence, [suicide prevention](#), and adverse childhood experiences
For more information, contact CDC
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.