

COVID-19, Mental Health, & Substance Abuse



Executive Summary

SARS-CoV-2, the novel coronavirus that causes the COVID-19 illness, has infected at least 325,000 Missourians and led to over 4,500 deaths in the state as of December 2020. Social isolation and economic insecurity, both of which have increased during the pandemic, are known to exacerbate (and even cause) psychiatric disorders. Mental disorders such as depression, anxiety, schizophrenia, and substance abuse disorder are estimated to affect approximately 20% of the US population,¹ so the COVID-19 pandemic poses increased risks to a significant portion of the community even if they are not directly infected with SARS-CoV-2. Research on mental health outcomes during the COVID-19 pandemic indicates that substance abuse, including the use of opioids such as fentanyl, has increased, illustrating how the current crisis may trigger new mental disorders even in those without a previous diagnosis. Moreover, populations with pre-existing mental health conditions have proven to be more susceptible to COVID-19 and subsequent health complications, including death, highlighting the complex interactions between mental health and population health outcomes. Finally, several demographic groups, including youth populations and racial/ethnic minorities, have been disproportionately affected by the dual COVID-19/mental health epidemic, pointing to a need for increased attention and resources for vulnerable populations to reduce further harm.

Science Highlights

- COVID 19-related social conditions have **increased substance abuse, overdoses, and self-reports of negative mental and behavioral health conditions.**
- Individuals who contract COVID-19 are at **increased risk of developing a psychiatric disorder** following their illness.
- **Individuals with pre-existing psychiatric disorders**, including substance use disorders, **are at significantly increased risk of contracting COVID-19** and experiencing serious negative health outcomes, such as hospitalization and death.

Limitations

- COVID 19-related data are often not disaggregated by demographic characteristics such as race/ethnicity, making it difficult at present to identify and understand disparities in health outcomes.
- Health records often lack info about housing density, family size, current employment status, and immigration status, making it difficult to identify other potential drivers of observed health outcomes.
- So far, it is unclear how particular policy responses to the COVID-19 pandemic are associated with mental health outcomes.

Research Background

The COVID-19 pandemic negatively affects mental health and increases substance abuse

Several avenues of research indicate that the COVID-19 pandemic has led to increases in negative mental health outcomes, including substance abuse and overdoses. Survey data from the Centers for Disease Control and Prevention (CDC) show that over 40% of the US population has reported at least one mental or behavioral health condition over the course of the pandemic, including anxiety or depressive disorders (31%). Reports of suicidal ideation have also increased, particularly among 18-24-year-olds, communities of color, unpaid caregivers for adults, and essential workers.² Moreover, those who contract COVID-19 are at an increased risk of developing new psychiatric symptoms 14-90 days after their diagnosis.³ Taken together, these results suggest that the COVID-19 pandemic is contributing to negative mental health outcomes both directly, due to adverse circumstances arising from contracting the virus, and indirectly, due to increases in economic insecurity, homelessness, and loss of social supports.

Thirteen percent of survey respondents from the same CDC study report substance use to cope with stress.² Data from drug testing laboratories (see Figure 1 below) confirm significant increases in fentanyl, methamphetamine, cocaine, and heroin use since March 2020 (as of July 2020, when the most recent complete data is available).^{4,5}

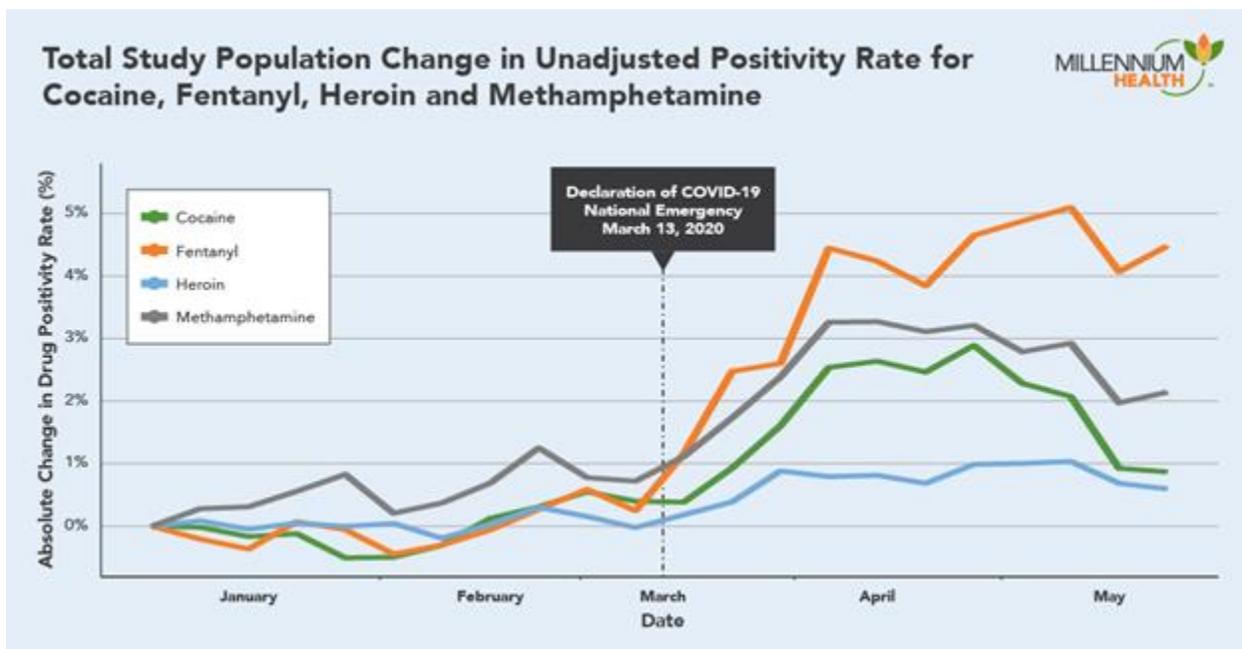


Figure 1. Results from national drug testing laboratories show that the use of substances such as fentanyl, heroin, cocaine, and methamphetamine, have increased since the beginning of the COVID-19 pandemic.⁴ Due to lags in processing times, this data is currently only up-to-date through July.

Given that social distancing recommendations and other public health restrictions may decrease social contact, there is a danger that individuals using drugs may be more susceptible to

overdoses without an observer present to provide care. Indeed, data from the Overdose Detection Mapping Application Program, a nationwide overdose tracking program, show that stay-at-home orders are associated with >15% increases in overdose frequency following their implementation.⁶ While this points to one particular policy that may drive substance abuse, little is known about how other policy responses contribute to the negative mental health outcomes described here.

The COVID-19 pandemic also poses serious challenges to individuals seeking treatment for mental health disorders or substance abuse. For instance, research shows that pediatric mental health visits decreased drastically near the beginning of the pandemic in the US, indicating that access to mental health resources may be restricted due to risk associated with in-person contacts. However, the same data also show a rebound in mental health-related visits due to increased use of telehealth options, demonstrating that new tools may be able to address some issues related to lack of access to care.^{7,8} For those without access to these resources, however, an inability to receive proper treatment or medication still pose a serious concern. This evidence demonstrates that the COVID-19 pandemic compounds pre-existing challenges to effective mental health care, such as stigma, lack of support groups, homelessness, and joblessness, and calls for particular focus on mental health resources and policies to address this crisis.

Populations with mental health conditions are more susceptible to COVID-19

A growing body of research shows that pre-existing mental health conditions increase the risk that an individual will contract COVID-19. In particular, those suffering from depressive disorders and schizophrenia may be up to 10x as likely to contract COVID-19 as the general population.¹ These populations may be particularly vulnerable due to difficulties following health guidance, their higher likelihood of living in crowded environments (including treatment facilities and prisons), and socioeconomic disadvantages that increase the likelihood of living or working in unsafe environments. The COVID 19-related hospitalization rate for those with a recent diagnosis of a mental health disorder is also significantly greater than for those without a disorder, indicating that COVID-19 disproportionately produces worse health outcomes for these populations.¹

Finally, individuals with substance use disorders, including opioid use disorder, alcohol abuse, and tobacco use, are also 5-10x more likely than the general population to contract COVID-19. Those with substance use disorders also exhibit higher hospitalization and death rates; in particular, Black individuals with substance use disorders exhibit the highest mortality rate from COVID-19 (12-13%)⁹, indicating that vulnerable populations face especially difficult challenges during the COVID-19 pandemic.

References

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