

## Opening Up America for the Sake of Mental Health

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Fighting to protect the health of the economy and the health of the people are not mutually exclusive endeavors. In fact, they are strongly related.

While COVID-19 does present a significant threat to the physical health of at-risk individuals, the shut-down poses a more significant threat to the mental health of all individuals.

As a physician anesthesiologist practicing pain medicine and addiction medicine for the past 25 years, I have seen an alarming decrease in the mental health of my patients since stay-at-home orders have been in place. In my pain practice, there has been an increase of over 30% of patients requiring medical attention with respect to anxiety as relates to their pain.

And in my addiction practice, I've seen at least a 50% increase in overdose and unfortunately a 30% increase of death related to substance use disorders.

In this article, I will not spout political ideals, but rather present medical truths about the harm being done outside of the political spotlight.

### **COVID-19: Unemployment, isolation, and mental health**

Most political arguments surrounding opening up America are focused on the economic state of the country, and individual households. With unemployment at unprecedented levels, there is much discussion about failing businesses, lost income, and people's inability to support their families. But that is a skin-deep outlook that only sees a financial crisis, not the deeper mental health crisis.

The counterarguments focus on the risk of additional exposure and promote continued isolation. But, the risk of isolation on mental health is not being considered as it should. Both unemployment and isolation are well-known to follow a path straight to depression. Combine the two, and a person is now on the expressway to poor mental health. It's a road that often ends in the very thing we are fighting against with the coronavirus: death.

### **COVID-19's Effect on mental health**

COVID-19 directly and indirectly effects the mental health of the population. Simply the fear of the unknown, the threat of harm to one's family, the invisible danger, and more causes stress, anxiety, and even paranoia.

Then, add the more tangible stressors of lost loved ones, unemployment, isolation, and domestic violence, and there is no arguing that mental health is greatly affected during this global pandemic.

### Stress and anxiety

The Kaiser Family Foundation (KFF), recently conducted a survey that 47% of adults sheltering in place reported negative mental health effects due to worry or stress related to the coronavirus. However, those not sheltering in place reported a significantly lower effect on their mental health at 37%.

This study was conducted March 25-30, and it is reasonable to assume these figures have only increased since then. However, the relation to the coronavirus has likely shifted from the direct fear of the virus to the indirect stressors of unemployment and isolation.

### Depression

Stress and anxiety often go hand-in-hand with depression. According to the Anxiety and Depression Association of America (ADAA), nearly 50% of people diagnosed with depression are also diagnosed with an anxiety disorder. As anxiety rises, so does depression, and vice versa. Anxiety disorders are highly treatable, but the ADAA states only 36.9% of those suffering receive treatment—a statistic that was procured before this pandemic. Now, amid stay-at-home orders and the high demand on our healthcare system, the number of those not receiving treatment is most likely much higher.

### Abuse and suicide

Stay-at-home orders are meant to keep us safe. Unfortunately, many people are not safe at home, either from themselves or a member of their household. Substance abuse, domestic abuse and suicide are sharply on the rise. Local and state-run hotlines have reported sizeable increases in call volume, as highlighted by The Health 202 article in the Washington Post.

The Substance Abuse and Mental Health Services Administration (SAMHSA) confirmed to The Health 202 that texts to federal government mental health hotline increased by more than 1,000% in April. Furthermore, the National Domestic Abuse Hotline call volume increased by 12% at the end of April. A legal information service run by National Network to End Domestic Violence also received three times the number of emails relating to the coronavirus in April than it did in March.

The increase in contacts to distress hotlines is a clear indication of the worsening mental health crisis. Most of these figures were reported in April, and the weight of the global pandemic has only gotten heavier as time in isolation continues. The threat of harm due to substance abuse, domestic violence and suicide must be considered as much as the viral threat of COVID-19.

### The elderly vs the employed

Older adults are more vulnerable to serious illness due to the coronavirus, but are less at risk to worsened mental health that younger generations are experiencing due to unemployment. COVID-19 imposes the greatest threat in nursing homes. In fact, the latest study shows that 42% of COVID-19 deaths are in nursing homes. However, only 1.8% of the US population are in nursing homes. Therefore, widespread stay-at-home orders are unnecessary to protect the vast majority of the at-risk population.

COVID-19 poses very little threat against the working population. The median age for all workers employed nationwide in 2018 was 41.9 with the most common age to retire at 62 years old. According to the latest COVID-19 statistics, people up to 44 years old are at less than 1% risk of death due to the virus. The next age bracket, between 35 and 64 years old, only account for 3.7% of all COVID-19 deaths. The vast majority of people below the age of 65 succumbed to the virus due to underlying conditions. So, the risk to the employed population without underlying conditions is negligible.

Unemployment poses a much greater threat against the vast majority of the population than COVID-19. The mental health risks far outshine the physical health risks. Adults who primarily make up the workforce are most susceptible because they are most at risk of their

lives being disrupted, financially and socially, by the coronavirus. According to the KFF analysis, people whose lives have been disrupted “a lot” or “some” are significantly more likely to report negative mental health impacts related to the coronavirus than those whose lives have only been disrupted “a little”.

### Opening up America for the sake of mental health

People who have lost their jobs are among the majority of people whose lives have been disrupted the most. The loss of employment and loss of income, plus all of the stressors related to unemployment quickly add up to a serious mental health issue. The majority of people in the workforce are at very low risk of serious illness due to the coronavirus. Yet, they are at the highest risk of mental health issues. The higher risk of mental health issues also leads to higher risks of substance abuse, domestic abuse, and suicide.

Thus, we must consider the mental health threat to the younger population as much as we consider the physical threat to the elderly population.

Ongoing isolation and unemployment poses a larger threat to the majority of the population, and the majority of the population are at very low risk of serious illness due to COVID-19.

Now that we have measures in place to support our healthcare institutions during this pandemic, we must shift our focus to safely opening up America. Opening up America is not just about the economy, it is about preserving and supporting the mental health of our nation. We must take this mental health crisis as serious as the viral threat, or we will see a casualty toll that could have been prevented.

### Shining a light on the shadows of COVID-19

Mental health issues due to COVID-19 are being endured in the shadows. We need to shine a light on the pandemic’s ever-increasing threat against the mental health of the people. People have a right to speak up for their mental health as much as physical health, and we must listen with equal attention. We should not sacrifice one to spare the other.

If you are in a position to be heard, speak up! Doctors, nurses, psychologists, therapists, and other health professionals need to share their data on COVID-19’s effect on their patients. We must be the voice for the people whose mental health has worsened during this pandemic.

Compile your data, publish articles, contact the media, and reach out to local and state governments. Serving our patients has to go beyond the walls of our offices to protect the mental health of our nation.

If you are struggling with depression, anxiety, abuse, or suicidal ideations, please reach out to others for help. There is a light at the end of the tunnel, and these resources will help you find it:

- SAMHSA’s National Helpline
- Disaster Distress Helpline
- National Domestic Abuse Hotline
- National Network to End Domestic Violence
- National Suicide Prevention Lifeline.

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