APA poll finds nearly half anxious about getting COVID-19

Nearly half of Americans (48%) are anxious about the possibility of getting COVID-19, and nearly four in 10 Americans (40%) are anxious about becoming seriously ill or dying from it, according to a new national poll released by the American Psychiatric Association (APA) March 15. However, many more Americans (62%) are anxious about the possibility of family and loved ones getting the coronavirus, the APA stated.

More than one-third of Americans (36%) say the coronavirus is having a serious impact on their mental health, and most (59%) feel the coronavirus is having a serious impact on their day-to-day lives. Most adults are concerned that the coronavirus will have a serious negative impact on their finances (57%), and almost half are worried about running out of food, medicine and/or supplies. Two-thirds of Americans (68%) fear the coronavirus will have a long-lasting impact on the economy.

Most Americans (68%) feel knowledgeable about the coronavirus and preventing its spread. Americans are evenly split on whether people are overreacting or being overly cautious when it comes to the coronavirus. About four in 10 adults (39%) feel people are overreacting, and nearly the same number do not feel that people are overreacting. Roughly 21% are uncertain. About one in three adults is concerned about not being able to access tests and health care if needed.

Most people report that, despite the high levels of anxiety resulting from COVID-19, they have not yet felt significant behavioral impacts. Only 19% report having trouble sleeping. 8% have been consuming more alcohol or other drugs/substances and 12% say they have been fighting more with partners or loved ones (because of being stuck at home together). Slightly more, nearly one in four people (24%), say they have had trouble concentrating on other things because they are thinking about the coronavirus.

The poll also indicated a high level of uncertainty, according to the APA. About one in five adults said they were neutral on many issues, such as feeling knowledgeable about the coronavirus and current guidelines, about whether people are overreacting and about the current and potential impacts of the coronavirus on their health and finances.

“The poll highlights both the anxiety caused by the pandemic and the need for clear, consistent communications on how to prevent the spread of COVID-19,” APA CEO and Medical Director Saul Levin, M.D., M.P.A., said in a news release. “In the disruption COVID-19 is causing, everyone needs to make sure they are taking the time to take care of their own physical and mental health, alongside with their families, friends and work colleagues. Social isolation can be prevented by taking the time to use social media, letters, or simply the phone to communicate with loved ones and friends, particularly those we haven’t been in touch with over the years as we would have liked. Together, we will get through this.”

“The stress and anxiety caused by the pandemic can and is having an effect on people’s physical and mental health,” said APA President Bruce Schwartz, M.D. “During this time, it is important to do what we can to maintain self-care and manage the stress. I would suggest this for everyone coping at home as well as those who are still in their workplaces by necessity, especially the health care professionals on the front lines of this pandemic.”

CCD urges government support to treat disability population

The largest coalition of national organizations working together to advocate for federal public policy on behalf of children and adults with disabilities is asking the U.S. Department of Health and Human Services (HHS) to prevent discriminatory rationing of coronavirus treatment.

The Consortium for Citizens with Disabilities (CCD) Rights and Health Task Forces wrote a letter March 20 addressed to HHS officials, Secretary Alex Azar and Director of the Office of Civil Rights Roger Severino, according to a news release distributed by the Bazelon Center for Mental Health Law, a CCD member.

The co-chairs of the CCD Rights and Health Task Forces in the letter urged HHS leaders that “if the current pandemic results in government decisions to ration treatment, decisions about how medical treatment should be allocated are made without discriminating based on disability.”

“News sources have widely reported on the use of treatment rationing decisions in Italy as the coronavirus pandemic overwhelms the medical system’s capacity, including supplies, staff, and intensive care hospital capacity,” they wrote. “Those decisions have relied on principles disadvantaging people with disabilities and older adults. We are extremely concerned about the potential impact on people with disabilities and older adults if government or private entities in the United States were to employ rationing decisions based on similar principles. Indeed, proposed schemes for rationing of treatment in the United States have already begun to surface.”

The co-chairs stated that they believe it is critical for HHS to clearly convey — and to ensure — that any protocols that may be implemented for rationing treatment comply with the Americans with Disabilities Act.
Suicide from page 1

Suicide risk was particularly high among youths with depression, schizophrenia, substance use disorder or bipolar disorder. A finding perhaps less expected is that suicide risk also is comparatively high among young people with epilepsy. The high prevalence of co-occurring mood disorders among young patients with epilepsy, as well as the potential for adverse effects from antiepileptic drugs, could contribute to this increased risk, according to study authors.

Details of study

The study examined Medicaid data in 16 states, including the 10 most populous. Fontanella said the selection was intentional in order to reflect a substantial penetration of the national Medicaid market.

The researchers employed a case-control design in which all youths who died by suicide from 2009–13 and who had been continuously enrolled in Medicaid for at least six months prior to death were matched with controls based on demographic characteristics. The research team collected information on all outpatient, inpatient and emergency department visits in the six months before the date of death by suicide (which was considered the index date for nonsuicide controls).

Results showed that 41.3% of suicide victims had a recorded mental health diagnosis, compared with 17.5% of the control group. The most prevalent recorded psychiatric diagnoses in the suicide group were depression (17.8% of cases), bipolar disorder (14%) and attention-deficit/hyperactivity disorder (12.3%). Substance use disorders also were more common among suicide cases than controls (11.2% versus 2.7%).

Also, young people who died by suicide were twice as likely as controls to have co-occurring mental and chronic physical health disorders. Both epilepsy and asthma were more common in the population of suicide cases, the researchers reported.

Three-quarters of the suicide victims had contact with a health or mental health clinician in the six months before death, and they were more likely than nonvictims to have received health or mental health services in the month preceding death. The outpatient level of care was the most common level for the last care visit for both cases and nonsuicide controls.

The study’s finding on frequency of mental health visits arguably was its most striking. Authors wrote in their paper, “For every 5 mental health visits in the 30 days before the index date or suicide date, the odds of suicide decreased approximately 22%.” They added, “This finding highlights the importance of continuity of care, preferably with the same mental health professional, to ensure consistent monitoring of suicide risk, and referrals to follow-up care, including caring contacts and appointment reminders.”

The researchers said the presence of a recorded mental health diagnosis for only a minority of suicide victims reflects the likelihood that mental health conditions in Medicaid-enrolled youths are underdiagnosed and undertreated. “State Medicaid and public behavioral systems may want to develop policies and procedures to increase the administration of behavioral health and substance use screens by