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Leaders of community-based programs last week discussed various strategies for implementing a whole person approach when working with individuals living with serious mental illness. The SAMHSA-sponsored webinar featured presentations on developing peer support services through warm lines, supporting patient experiences in an ED, and the importance of accessing social determinants of health for treating and managing serious mental illness. . . See bottom story, this page

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Study finds COVID-19 survivors exhibit MH signs one month after treatment

A significant number of patients who survived the COVID-19 outbreak have presented with at least one mental health disorder, such as anxiety disorders, insomnia, mood disorders or post-traumatic stress disorder (PTSD) at one-month follow-up after hospital treatment, according to a new study conducted by researchers in Milan, Italy.

The study, “Anxiety and depression in COVID-19 survivors: Role of inflammatory and clinical predictors,” was published online in July in Brain, Behavior and Immunity.

Researchers noted that the recent spreading of the COVID-19 pandemic seems yet to be associated with psychiatric implications. Preliminary data suggests that patients with COVID-19 might experience delirium, depression, anxiety and insomnia, they stated. Coronaviruses could induce psychopathological sequelae through direct viral infection of the central nervous system or indirectly via an immune response, according to the study.

“Basing on the literature on other previous coronavirus outbreaks and considering the current insight into inflammation in psychiatry, we hypothesized that COVID-19... See COVID page 2

Assisting people with SMI via community support, resources

Providing access to community resources, such as housing, food, a crisis call line or the support of someone with lived experiences, is important in addressing the needs of individuals with serious mental illness, suggested presenters at an Aug. 12 webinar sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) and presented by the National Council for Behavioral Health.

Allie Franklin, LICSW, CEO of Crisis Connections, and a webinar presenter told attendees it’s important to understand how social determinants contribute to health and well-being. She pointed to a July 2019 study by AmeriHealth that found a 22% drop in hospitalization and a 19% drop in unnecessary ER visits when addressing social determinants were incorporated into the work they were doing.

Another article in 2017 noted that not very many emergency department (ED) physicians are oriented to social determinants of health in their communities. “Folks who are on the front lines who are spending more time in emergency departments may not be the folks with awareness of available social determinant... See SAMHSA page 6
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**COVID from page 1**

survivors could show a high prevalence of emergent psychiatric conditions, including mood disorders, anxiety disorders, PTSD and insomnia,” Maria Gennaro Mazza, lead author who works in psychiatry and clinical psychobiology, Division of Neuroscience at the IRCCS Scientific Institute Ospedale San Raffaele, told 

*Mental Health Weekly* via email.

**Method**

Researchers screened for psychiatric symptoms 402 adults surviving COVID-19 (265 male, mean age 58), at one-month follow-up after hospital treatment. A clinical interview and a battery of self-report questionnaires were used to investigate PTSD, depression, anxiety, insomnia and obsessive-compulsive symptomatology. They also collected sociodemographic information, clinical data, baseline inflammatory markers and follow-up oxygen saturation levels, Mazza said.

Mazza said what makes their study stand out from previous research includes the sample size, the assessment, the measure and the population. “The assessment was based on direct clinical interviews conducted by well-trained psychiatrists in charge using the best estimation procedure,” she said.

Researchers included in the study only patients that were diagnosed with COVID-19-related pneumonia, excluding asymptomatic patients. “To the best of our knowledge, no other research investigates directly a so significant population exploring a wide range of psychopathological measures in COVID-19 survivors at one-month follow-up,” she said.

**Results**

Researchers found that in a cohort of 402 adults a significant proportion of patients self-rated in the psychopathological range: 31% for depression, 42% for anxiety, 28% for PTSD and 40% for insomnia. Overall, 56% scored in the pathological range in at least one clinical dimension. Consistent with the known gender effect, they found that females suffered more for both anxiety and depression. Positive previous psychiatric history was also found to be associated with increased scores on most psychopathological measures.

According to the current knowledge in immunopsychiatry, researchers found that the baseline inflammation positively associated with scores of depression and anxiety. “We know that persistent low-grade inflammation is implicated in the pathophysiology of mood disorders and associated with a lack of response to antidepressant treatment, brain abnormalities and cognitive impairment,” she explained. “Our hypothesis was fully supported by our findings.”

**Clinical implications**

Higher-than-average incidence of PTSD, major depression and anxiety, all high-burden, noncommunicable conditions associated with years of life lived with disability, is expected in survivors, according to the study. “Moreover, depression associates with a markedly increased risk of all-cause and cause-specific mortality,” said Mazza. “Thus, considering that there are 18 million COVID-19 cases in the world and the number is still growing, it is of primary importance to diagnose and treat emergent psychiatric conditions, monitoring their changes over time, with the aim of reducing the disease burden.”

With regard to the risk factor related to psychopathology, consistently with previous epidemiological studies, researchers have found that females, and patients with positive previous psychiatric diagnoses, suffered more in all psychopathological dimensions.

Mazza said their hypothesis was confirmed and that she and her fellow researchers were not surprised to find a high prevalence of psychopathology in females and in patients with positive psychiatric history.
considering the well-known gender effect and the previous literature.

Obviously, males are most likely to die from COVID-19, she said. “However, we think that the reason why females suffer more is to be searched in the immune-neuro-endocrine interactions,” she said. Epidemiology shows that females develop disorders of the anxiety-depressive sphere at higher rates of males. This greater vulnerability may also be due to the different functioning of the innate and adaptive immune system, she said.

“On the contrary, unexpectedly, we found no association between the severity of the clinical status and psychopathology, suggesting that psychiatric symptomatology was not a manifestation of physical symptoms,” she said.

She added, “Also, surprisingly, we found that outpatients showed increased anxiety and sleep disturbances and that the duration of hospitalization inversely correlated with symptomatology. These observations suggest that less health care support could have increased the social isolation and loneliness typical of the COVID-19 pandemic, thus inducing more psychopathology after remission.”

Moreover, outpatients showed increased anxiety and sleep disturbances, while the duration of hospitalization inversely correlated with PTSD, depression, anxiety and OC symptomatology.

Researchers noted that considering the alarming impact of COVID-19 infection on mental health, the current insights on inflammation in psychiatry and the present observation of worse inflammation leading to worse depression, they recommend to assess psychopathology of COVID-19 survivors and to deepen research on inflammatory biomarkers, in order to diagnose and treat emergent psychiatric conditions.

“In conclusion, we think that given the context, the present results will improve our understanding of how the immune-inflammatory response translates into psychiatric illness improving our knowledge in the etiopathogenesis of these disorders,” the researchers stated. •

Small population with BH disorders impacts rising HC costs

Individuals with both behavioral health conditions and physical conditions account for an enormous impact on health care costs, despite very little to no treatment for their mental health or substance use disorder conditions, according to a recent national analysis of health care claims data.

The report, “How do individuals with behavioral health conditions contribute to physical and total healthcare spending?” focused on individuals with diagnoses for behavioral health conditions and/or receipt of behavioral-specific treatment, including services or prescriptions for behavioral drugs.

The analysis, conducted by Milliman, a consulting firm, was commissioned by The Path Forward for Mental Health and Substance Use — a national behavioral health initiative aimed at driving access and treatment improvements in behavioral health and health care equity. The collaborative includes the American Psychiatric Association, the National Alliance of Healthcare Purchaser Coalitions, the American Psychiatric Association Foundation and other groups pushing for improved access and better treatment.

“This is the first time in the history of the U.S. that a large private-sector coalition is pushing for changes in mental health,” Henry Harbin, M.D., adviser to The Path Forward for Mental Health and Substance Use and former CEO of Magellan Health, told MHW. The new analysis, released Aug. 13, aims to look at the impact of total health care spending for people who have mental health or substance abuse problems, he said. The big part of the story is highlighting the lack of behavioral health access and treatment, Harbin added.

Method

Researchers used 2017 data from a large sample of the commercially insured population (predominantly those with employer-sponsored health insurance), the analysis said. The analysis found that the presence of behavioral health conditions increased the likelihood and the severity of a physical condition by 29 percent — and increased the cost of medical care by 12 percent.

Small population with BH disorders impacts rising HC costs

Bottom Line...

A national coalition of mental health and health care organizations is seeking reform to ensure parity compliance and integration of behavioral health into primary care.

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