Study finds disrupted care among people with SMI amid COVID

Individuals with severe mental illness (SMI) experienced substantial disruptions in care during the pandemic, and these disruptions were even greater among disadvantaged populations, according to new research examining outpatient care among Medicare beneficiaries.

Researchers noted that individuals with a severe mental illness, such as schizophrenia or bipolar-I disorder, may be particularly vulnerable to care disruptions during the ongoing COVID-19 pandemic. They frequently are marginalized, have disabilities, are unhoused, live in poverty and are more socially isolated.

The study, “Disruptions in Care for Medicare Beneficiaries With Severe Mental Illness During the COVID-19 Pandemic,” was published Jan. 28 in JAMA Network Open.

The study’s lead author noted that she and her colleagues were interested in how telehealth was being used in providing mental health and substance use disorder services — an interest that started even before the pandemic and they have been examining among a variety of populations, including Medicare beneficiaries.

“Obviously, with the pandemic, things were changing in terms of telemedicine use. We were interested to turn our attention to how it’s being used since the pandemic. We know some patients are more vulnerable than others,” Alisa B. Busch, M.D., M.S., chief medical information officer at McLean Hospital and associate professor of psychiatry and health care policy at Harvard Medical School, told MHW.

Currently about 80% of the Medicare population are disabled and about 5% are dual eligible for Medicaid. Busch and colleagues were also interested to understand whether some groups experienced a disproportionate amount of care disruption, compared to others.

Method

Researchers examined changes in mental health care during the pandemic and the use of telemedicine in outpatient care among more than 650,000 Medicare beneficiaries with SMI. They used claims from all Medicare beneficiaries age 18 and older between January 2018 and September 2020 and compared utilization in the first nine months of 2020 (the pandemic year) among a cohort of individuals with severe mental illness with utilization in the first nine months of 2019 among a similar cohort.

Increased telemedicine use

According to the study, telemedicine use increased in the pandemic and is feasible in treating psychotic disorders. However, some people with schizophrenia, bipolar disorder or other psychotic disorders lack the tools or digital literacy to use telemedicine.

Additionally, they have higher rates of chronic medical conditions that are associated with greater risk of COVID-19 morbidity and mortality — such as diabetes, cardiovascular disease, hypertension and chronic lung disorders — and therefore may be more reluctant to seek in-person care.

The JAMA Network Open research may be the first to cover this type of issue for the Medicare population with serious mental illnesses, Busch noted, adding that she has not seen research involving this kind of national scope before.

Findings

“Some individuals have historically faced disparities and had a harder time accessing care,” Busch said. “In this study, we found that poverty (i.e., beneficiaries who were dually eligible for Medicaid as well as Medicare) and beneficiaries who were Black experienced pre-existing disparities in care, compared to those who were white.”

Researchers also found that in the second three months of the pandemic (i.e., July through September 2020), these pre-existing (pre-pandemic) disparities in receiving care increased in these groups. They were worsened during the pandemic, she said.

In the first few months of 2020 (before the pandemic), only 2–3% of the outpatient mental health visits of these Medicare beneficiaries were conducted by telemedicine, said Busch. Within the first few weeks of the pandemic (i.e., mid-March to mid-April), nearly half of the outpatient mental health visits were conducted by telemedicine.

“By the second month of the pandemic, at the peak of telemedicine use in this study, nearly two-thirds of the outpatient mental
health visits (about 65%) were conducted by telemedicine,” she said. For the rest of the study period (through September), over half of the outpatient mental health visits were by telemedicine.

These populations — individuals with psychiatric illnesses such as schizophrenia or other psychotic disorders and bipolar-I disorder are often marginalized — are more likely to experience social isolation, unstable housing and poverty, and disability, explained Busch.

**Taking note of other studies**

Busch pointed to other research from the federal government that evaluated Medicare claims (across health conditions) and found that inpatient care and outpatient care both decreased from the start of the pandemic through July 2020. Also, prescription fills during this time period also decreased, she noted.

Busch stated that other recent research describes that the pandemic was a period of increased stress and instability for patients with mental illness such as schizophrenia or psychotic disorders. “So we think that the decreases in care we observed are not because these individuals did not need these services,” she said. “Instead, it is more likely that it represents disruptions in care. The disruptions we observed, the differences in the amount of care in 2020 compared to 2019, narrowed over time. But still, by the end of our study period, care had not returned to 2019 levels.”

She added, “Telemedicine was a tremendous help — enabling mental health care providers to preserve and maintain a lot of care that would not have happened otherwise (i.e., if we did not have the option of telemedicine). However, it was not able to bridge all of the gaps — there were still disruptions in care, some that persisted, and some patients were disproportionately less able to maintain care — those who were poor (i.e., Medicaid dual eligible) and patients who were Black, compared to those who were white, she said.

The study authors noted that telemedicine was used for the majority of visits during the pandemic. “Future work will be needed to understand the long-term consequences on health outcomes of these disruptions in care and how to address disparities in access to care for patients with severe mental illness,” they concluded.

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**One in three Americans worries about social media MH impact**

One-third of Americans say social media does more harm than good to their mental health, according to a new poll released by the American Psychiatric Association (APA). Nearly half said that social media has hurt society at large, and 42% said it has hurt political discourse.

Conducted by Morning Consult, the poll, “Healthy Minds Monthly: Social Media and Mental Health,” was fielded online between Jan. 19 and 20 among a nationally representative sample of 2,210 adults.

Close to half of adults (45%) have a neutral opinion of whether social media does more harm than good for their mental health, although a third say it causes more harm than good (34%).

The APA noted that a promising result from the poll was that about two-thirds (67%) of Americans were confident in their knowledge of how to help a loved one if they indicated mental health challenges on social media. Only 22% of adults were confident they would know what to do.

“We know that social media can be very harmful for some individuals,” said APA CEO and Medical Director Saul Levin, M.D., M.P.A., in a news release. “It has the effect of turning up the volume on conversations and connecting people in ways that can have a negative impact. That said, these poll results seem to indicate that many Americans are finding an ability to use social media in a way that feels harmless if not helpful to their lives.”

**Rating mental health**

The monthly mental health tracking poll found that a majority of adults say they would rate their mental health as excellent or good (73%), including a quarter who rate their mental health as excellent (27%).

Adults ages 18–34 (42%), political independents (38%) and those with an income under $50,000 (35%) are most likely to say their mental health is fair or poor.

Around a third of adults across all age groups say social media does more harm than good for their mental health. Democrats (27%) are more likely than Republicans (18%) to say social media does more good than harm for their mental health. Adults ages 18–34 (77%) and Democrats (74%) are most likely to say they are confident in their knowledge of how to help a loved one who indicates mental health struggles on social media.

Other findings included:

- White adults (36%) are more likely than Hispanic (29%) and Black (23%) adults to say social media does more harm than good for their mental health.
- About two-thirds of adults who don’t use social media say it does more harm than good for their mental health (63%), whereas 33% of those who do use social media say it does more harm than good.
- Social media users are most likely to say that when they use social media, they feel interested (80%), connected (72%) and happy (72%).

**Stronger views**

Younger adults hold stronger views overall than older adults about

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