CDC: Pandemic taking heavy toll on mental health of 1 in 4 young people

Anxiety and depression are impacting one-quarter of young adults who say they have considered suicide in the past month due to COVID-19, according to researchers of a new Centers for Disease Control and Prevention (CDC) report released Aug. 14. Similar mental health conditions are also disproportionately affecting specific populations, including Hispanic persons, Black persons, essential workers and unpaid caregivers for adults.

“Mental Health, Substance Use, and Suicide Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020,” published in the CDC’s Morbidity and Mortality Weekly Report, found the toll of the crisis is also weighing heavily on those receiving treatment for preexisting psychiatric conditions.

“We wanted to get a sense of the mental health burden of our nation and be able to monitor related COVID-19 stressors on mental health,” Rashon I. Lane, CDC behavioral scientist and corresponding author, told MHW. “Overall, we saw some increases in anxiety, depression and suicide ideation in comparison to the previous year.”

“We are in unprecedented times as the pandemic evolves, the CDC is calling for urgent attention to addressing mental health disparities and preparing support systems to mitigate mental health consequences.”

Targeted depression treatment could benefit patients with schizophrenia

Citing an objective to examine the association between depression and psychosis, researchers found that targeted depression treatment could also benefit patients with schizophrenia, according to new research published in Schizophrenia Bulletin.

Depression is a common comorbidity in schizophrenia, is seen most frequently in the early stages of psychosis and has long-term negative consequences on functional recovery, quality of life and suicidal behavior, the study indicated. Researchers hypothesized that patients with recent-onset psychosis and comorbid depression would be identifiable by symptoms and neuroanatomical features similar to those seen in recent-onset depression, the study stated. Greater understanding of the symptom profile and neuroanatomical associations of depression in early psychosis may inform novel treatment targets that could prevent depression-related poor longer-term outcomes, according to researchers.

The study, “The Psychopathology and Neuroanatomical Markers of Depression in Early Psychosis,” was conducted by scientists at the University
that are taking a toll on our emotional health,” Shareh Ghani, M.D., vice president and medical director for Magellan Healthcare and diplomate of the American Board of Psychiatry and Neurology, told MHW. “This may continue for the next 18 to 24 months before we have a viable solution. If anything, the incidence of anxiety, depression and substance use will increase.”

Ghani added, “Increasing awareness that anxiety and depressive disorders are treatable mental health conditions will be key.”

Method

A total of 5,412 of 9,896 (54.7%) eligible invited adults completed web-based surveys administered by Qualtrics from June 24–30. The Human Research Ethics Committee of Monash University (Melbourne, Australia) reviewed and approved the study protocol on human subject research.

Symptoms of anxiety disorder and depressive disorder were assessed during the four-item Patient Health Questionnaire, and symptoms of a COVID-19-related trauma- and stressor-related disorder (TSRD) were assessed during the six-item Impact of Event Scale.

Findings

The CDC reported that the prevalence of symptoms of anxiety disorder was approximately three times those reported in the second quarter of 2019 (25.5% versus 8.1%), and prevalence of depressive disorder was approximately four times that reported in the second quarter of 2019 (24.3% versus 6.5%).

Overall, 40.9% of 5,470 respondents who completed surveys during June reported an adverse mental or behavioral health condition, including those who reported symptoms of anxiety disorder or depressive disorder (30.9%), those with TSRD symptoms related to COVID-19 (26.3%), those who reported having started or increased substance use to cope with stress or emotions related to COVID-19 (13.3%) and those who reported having seriously considered suicide in the preceding 30 days (10.7%).

At least one adverse mental or behavioral health symptom was reported by more than one-half of respondents who were aged 18–24 (74.9%) and 25–44 years (51.9%), of Hispanic ethnicity (52.1%), and who held less than a high school diploma (66.2%), as well as those who were essential workers (54%); unpaid caregivers for adults (66.6%); and those who reported treatment for diagnosed anxiety (72.7%), depression (68.8%) or post-traumatic stress disorder (88%) at the time of the survey.

The percentage of respondents who reported having seriously considered suicide in the 30 days before completing the survey (10.7%) was significantly higher among respondents aged 18–24 years (25.5%), minority racial/ethnic groups (Hispanic respondents, 18.6%; non-Hispanic Black respondents, 15.1%), self-reported unpaid caregivers for adults (30.7%) and essential workers (21.7%).

Clinical implications

Public health and clinical interventions are needed to support people experiencing these issues, said the CDC’s Lane. There are opportunities for social support, comprehensive treatment and harm-reduction strategies, she said. Telehealth services are an effective means of delivering treatment for depression, substance use disorders and suicide ideation, she noted.

“Even prior to the pandemic, we were seeing an increase in young adults dying by suicide,” added Ghani. The data points to a narrowing of the “gender gap” in teen suicides — and the need for new interventions for both genders, he said.
“While the suicide rate for males has traditionally been much higher than that of females, the gap is narrowing,” Ghani noted.

“In addition to the pressures of school, the rapid-fire nature of social media and changing gender roles, we are now dealing with the pandemic’s impact on the emotional health of young adults,” he said. Primary factors include rising unemployment, financial pressures, social isolation, the risk and fear of catching the disease, the high mortality risk of the virus, the availability or lack thereof for testing, limited understanding of how the virus may affect every individual and no clear guidance on the vaccine-availability timeline, Ghani said. “The social fabric of our community has been torn with the ubiquitous presence of the virus and the infection risk,” he said.

“There has been a lot of research into the ‘why’ of suicide, and while there are no definitive answers, we do have consensus in the health care community that lack of social connectedness with others and the feelings of burdensomeness on society are core factors in those contemplating suicide,” said Ghani.

Providers need to be educated on identifying at-risk populations, he noted. Patients are at greater risk for suicide if they have experienced a psychiatric hospitalization within the past year; recent discharge from an inpatient psychiatric unit, an emergency department, or residential addiction treatment; lack of treatment access; discontinuities in treatment; or fragmented care, Ghani said.

**Suggested approaches**

The CDC report pointed out that community-level intervention and prevention efforts should include strengthening economic supports to reduce financial strain, addressing stress from experienced racial discrimination, promoting social connectedness and supporting persons at risk for suicide.

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**‘Developing bold strategies to raise awareness and increase support for vulnerable young adults is a solid step toward ending a cycle of pain for teens and those who care for them.’**

Shareh Ghani, M.D.

Additionally, communication strategies should focus on promotion of health services and culturally and linguistically tailored prevention messaging regarding practices to improve emotional well-being.

The CDC report points to the continued urgency of addressing mental health disparities and preparing support systems to mitigate mental health consequences as the pandemic evolves.

“A population health approach is in fact much needed to address suicides,” stated Ghani. One idea would be by offering suicide screenings during the pediatrician visit, beginning at age 10. Pediatrician visits present a crucial opportunity to connect with teens to assess their risk for suicide. “These assessments lead to deeper conversations that help ensure teens receive support in navigating complex scenarios and emotions,” said Ghani.

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**Louisiana audit finds 315 BH providers overbilled Medicaid**

An audit examining how individual behavioral health providers bill Louisiana’s Medicaid program for their services has found improper billing practices for hundreds who billed for excess hours per calendar day, auditors stated.

In the audit, released Aug. 5, the Louisiana Legislative Auditor found that more than 300 mental health providers overbilled the state’s Medicaid program for at least $293,080 for services provided in excess of 12 hours. A 2019 state law prohibits providers from billing Medicaid for more than 12 hours of services in a day.

The Louisiana Department of Health (LDH) took issue with two of three of the audit recommendations. Neither the LDH nor other auditees are required to implement the audit.

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**Bottom Line…**

*The Louisiana Department of Health has agreed to work with managed care organizations to ensure compliance with the state statute.*

The article from *Morbidity and Mortality Weekly Report* on the pandemic’s association with mental health challenges can be found at https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm.