Public Mental Health: Why it’s now more important than ever in the era of COVID-19

Alexis Duncan, MPH, PhD
Associate Professor, Public Health
Mental Health Awareness Month
Mental Health

• Mental health is “a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community” (https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response)
“Positive Mental Health is important for all Canadians including those with mental illness”
Mental illnesses/disorders

• “…‘characterized by some combination of abnormal thoughts, emotions, behavior and relationships with others.’”
  (https://www.who.int/mental_health/management/en/)

• Synonyms: psychiatric disorder, neuropsychiatric disorder, psychopathology
What causes mental illness?

Genetics AND Environment
MENTAL ILLNESS IN THE UNITED STATES

ABOUT 1 IN 5 ADULTS AGED 18 OR OLDER HAD A MENTAL ILLNESS

PERCENTAGE OF ADULTS WITH SERIOUS MENTAL ILLNESS IN THE PAST YEAR

4.8% AGED 18–25
4.9% AGED 26–49
3.1% AGED 50 & OLDER

SOURCE:
Public Mental Health

Alexis’s working definition:

*Public Mental Health is a relatively new sub-specialty of public health that uses public health methods to address mental health at the population level.*
Why is Public Mental Health “relatively new”? 

Increasing recognition that: 

- Mental and physical health aren’t separate from one another 
- Mental disorders represent a substantial public health burden 
- Public health methods are applicable to mental health
Epidemiology

“…the study of the distribution and determinants of health-related states or events in specified populations and the application of this study to control health problems.” (Szklo & Nieto, Epidemiology, Beyond the Basics)
Top 10 Leading Disease/Disorder Categories Contributing to U.S. DALYs (2010)

1. Neuropsychiatric Disorders: 13.6%
2. Cardiovascular and Circulatory Diseases: 16.8%
3. Neoplasms: 15.1%
4. Musculoskeletal Disorders: 11.8%
5. Diabetes, Urogenital, Blood, and Endocrine Diseases: 8.0%
6. Chronic Respiratory Diseases: 6.5%
7. Other Non-communicable Diseases: 5.1%
8. Unintentional Injuries (Non-transport): 3.6%
9. Self-harm and Interpersonal Violence: 3.1%
10. Transport Injuries: 3.0%

Percent of Total U.S. DALYs

Data courtesy of WHO
Global Burden of Disease 2010 Study: Disability-Adjusted Life-Year Ranks in the US

1. Ischemic Heart Disease
2. COPD
3. Low-back pain
4. Lung cancer
5. Major depressive disorder
6. Other musculoskeletal
7. Stroke
8. Diabetes
9. Road injury
10. Drug use disorders
11. Neck pain
12. Alzheimer disease
13. Anxiety disorders
14. Self-harm
15. Falls
16.
17.
18.
19. Alcohol use disorders
20.
21.
22.
23.
24.
25.
26.
27. Schizophrenia
Top 10 causes of death in the US, 2017

1. Diseases of the heart
2. Malignant neoplasms (cancer)
3. Accidents (unintentional injuries)
4. Chronic lower respiratory disease
5. Cerebrovascular diseases (e.g., stroke)
6. Alzheimer’s disease
7. Diabetes mellitus
8. Influenza and pneumonia
9. Nephritis, nephrotic syndrome and nephrosis
10. Intentional self-harm (suicide)
Mental Health Care MATTERS

The average delay between symptom onset and treatment is 11 YEARS.

PEOPLE WHO GET TREATMENT IN A GIVEN YEAR

- 43% of adults with mental illness
- 64% of adults with serious mental illness
- 51% of youth (6-17) with a mental health condition

Adults with a mental health diagnosis who received treatment or counseling in the past year

- 25% of Asian adults
- 31% of Black adults
- 32% of adults who report mixed/multiracial
- 33% of Hispanic or Latino adults
- 49% of white adults
- 49% of lesbian, gay and bisexual adults

For therapy to work, you have to be open to change. I'm proud to say I changed. Therapy saved my life.

—NAMI Program Leader

NAMI
National Alliance on Mental Illness

www.nami.org
Barriers to treatment

• Recognition of the problem
• Willingness to seek help
• Availability of care
• Affordability of care
• Quality of care
PREVENTION!
A few examples of Public Mental Health activities

- Anti-stigma campaigns
- Social and emotional learning programs in schools
- Enactment of mental health parity laws
- Educating non-mental health care providers to identify mental illness and provide brief interventions or referral to specialty care
Evaluate programs and policies!
Surveillance and Research
PUBLIC MENTAL HEALTH IN THE TIME OF CORONAVIRUS
TSUNAMI HAZARD ZONE

IN CASE OF EARTHQUAKE, GO TO HIGH GROUND OR INLAND
Positive effects of the pandemic?
How has the pandemic affected mental health?

Risk factors + Protective factors = Mental illness and mental health and well-being
Increase in risk factors

- Stress
- Uncertainty
- Trauma
- Substance use
- Loneliness
- Grief/loss

Edvard Munch
Decrease in protective factors

• Physical activity
• Sleep
• Social support
• Human touch
• Positive coping strategies
• Physical health
The coronavirus pandemic is pushing America into a mental health crisis

Anxiety and depression are rising. The U.S. is ill-prepared, with some clinics already on the brink of collapse.

By William Wan

May 4, 2020 at 11:57 a.m. CDT

https://www.washingtonpost.com/health/2020/05/04/mental-health-coronavirus/
Suicide rates have been rising in the US over the last 2 decades. The latest data available (2018) show the highest age-adjusted suicide rate in the US since 1941. It is within this context that coronavirus disease 2019 (COVID-19) struck the US. Concerning disease models have led to historic and unprecedented public health actions to curb the spread of the virus. Remarkable social distancing interventions have been implemented to fundamentally reduce human contact. While these steps are expected to reduce the rate of new infections, the potential for adverse outcomes on suicide risk is high. Actions could be taken to mitigate potential unintended consequences on suicide prevention efforts, which also represent a national public health priority.

COVID-19 Public Health Interventions and Suicide Risk
Secondary consequences of social distancing may increase the risk of suicide. It is important to consider changes in a variety of economic, psychosocial, and health-associated risk factors.

Decreased Access to Community and Religious Support
Many Americans attend various community or religious activities. Weekly attendance at religious services has been associated with a 5-fold lower suicide rate compared with those who do not attend. The effects of closing churches and community centers may further contribute to social isolation and hence suicide.

Barriers to Mental Health Treatment
Health care facilities are adding COVID-19 screening questions at entry points. At some facilities, children and other family members (without an appointment) are not permitted entry. Such actions may create barriers to mental health treatment (eg, canceled appointments associated with child restrictions while school is canceled). Information in the media may also imply that mental health services are not prioritized at this time (eg, portrayals of overwhelmed health care settings, canceled elective surgeries). Moreover, overcrowded emergency departments may negatively affect services for survivors of suicide attempts. Reduced access to mental health care could negatively affect patients with suicidal ideation.
Groups at high risk

- Healthcare workers
- Older adults and people with pre-existing conditions
- Children, adolescents and emerging adults
- Women
- People in humanitarian and conflict settings
- People with a history of mental illness
- People who have survived COVID-19 infection

[Of image: Edvard Munch, Self portrait with the Spanish Flu]

Mental health in COVID-19 survivors

- Post-intensive care syndrome
- PTSD
- Depression
- Anxiety
- Insomnia
- Psychosis
- Cognitive issues (delirium, memory impairment, dysexecutive syndrome)
Positive effects of the pandemic?
Suicide Mortality and Coronavirus Disease 2019—A Perfect Storm?

Mark A. Regier, PhD
VA Puget Sound Health Care System, Seattle, Washington, and Department of Psychiatry and Behavioral Sciences, University of Washington, Seattle.

Ian H. Stanley, MS
VA Puget Sound Health Care System, Seattle, Washington, and Department of Psychology, Florida State University, Tallahassee.

Thomas E. Joiner, PhD
Department of Psychology, Florida State University, Tallahassee.

Suicide rates have been rising in the US over the last 2 decades. The latest data available (2018) show the highest age-adjusted suicide rate in the US since 1941. It is within this context that coronavirus disease 2019 (COVID-19) struck the US. Concerning disease models have led to historic and unprecedented public health actions to curb the spread of the virus. Remarkable social distancing interventions have been implemented to fundamentally reduce human contact. While these steps are expected to reduce the rate of new infections, the potential for adverse outcomes on suicide risk is high. Actions could be taken to mitigate potential unintended consequences on suicide prevention efforts, which also represent a national public health priority.

COVID-19 Public Health Interventions and Suicide Risk
Secondary consequences of social distancing may increase the risk of suicide. It is important to consider changes in a variety of economic, psychosocial, and health-associated risk factors.

Decreased Access to Community and Religious Support
Many Americans attend various community or religious activities. Weekly attendance at religious services has been associated with a 5-fold lower suicide rate compared with those who do not attend. The effects of closing churches and community centers may further contribute to social isolation and hence suicide.

Barriers to Mental Health Treatment
Health care facilities are adding COVID-19 screening questions at entry points. At some facilities, children and other family members (without an appointment) are not permitted entry. Such actions may create barriers to mental health treatment (eg, canceled appointments associated with child restrictions while school is canceled). Information in the media may also imply that mental health services are not prioritized at this time (eg, portrayals of overwhelmed health care settings, canceled elective surgeries). Moreover, overcrowded emergency departments may negatively affect services for survivors of suicide attempts. Reduced access to mental health care could negatively affect patients with suicidal ideation.

https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2764584
Public Mental Health During the Pandemic

- Research and surveillance
- Campaigns to encourage behaviors that promote mental health
Coping with stress during the COVID-19 outbreak

It is normal to feel sad, stressed, confused, scared or angry during a crisis. Talking to people you trust can help. Contact your friends and family.

If you must stay at home, maintain a healthy lifestyle - including proper diet, sleep, exercise and social contacts with loved ones at home and by email and phone with other family and friends.

Don’t use smoking, alcohol or other drugs to deal with your emotions. If you feel overwhelmed, talk to a health worker or counsellor. Have a plan, where to go to and how to seek help for physical and mental health needs if required.
Public Mental Health During the Pandemic

• Research and surveillance
• Campaigns to encourage behaviors that promote mental health
• Increase in suicide prevention efforts
Oxford High School spearheads suicide prevention efforts in midst of COVID-19 pandemic

By Monica Drake mdra@medianewsgroup.com; @monica_adele on Twitter  May 25, 2020  Comments

Public Mental Health During the Pandemic

- Research and surveillance
- Campaigns to encourage behaviors that promote mental health
- Increase in suicide prevention efforts
- Increase in personnel at hotlines to provide support
- Changes in mental health services delivery
- Advocacy and policy development
What do we need to do for the future?

• Address underlying issues related to inequities
• Health insurance for all
• Increase the capacity of the mental healthcare system
• Mental health as part of pandemic response planning
• Make mental health and well-being a priority in all aspects of life
Interested in Public Mental Health?

Mental and Behavioral Health Specialization

As a leading cause of disability worldwide, mental health issues are a critical factor in population health. The Brown School’s Mental and Behavioral Health (MBH) specialization equips students to promote mental and behavioral health through a transdisciplinary lens. MBH students prepare to protect and improve the mental health and well-being of individuals, communities and societies using public health strategies.

https://brownschool.wustl.edu/Academics/Master-of-Public-Health/Pages/Mental-and-Behavioral-Health-Specialization.aspx