

Impact of COVID-19 on the Mental Health Field

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Abstract

The year 2020 will forever live-in infamy. The year brought us the SARS-CoV-2 (COVID-19) pandemic. While many are studying the effects of the virus on the body, the economy, and even politics, this paper will be looking at studies concerning the pandemic's effect on the mind. I will be discussing what telemedicine for the mental health care system was like before COVID-19, during COVID-19, the benefits of telemedicine, and what this could mean for the future of mental health care.

Introduction

As we pass the one-year benchmark of COVID-19 wreaking havoc upon the world, we can clearly see what it has left in its wake. The virus leaves its victims in varying states. Some individuals are asymptomatic. There are those who have mild symptoms: fever, coughing, headache etc. (Centers for Disease Control and Prevention [CDC], 2021). Others have more severe symptoms such as chest pains, not being able to stay conscious, trouble breathing, some to the point of needing a ventilator (CDC, 2021). The pandemic has also caused massive job losses, a devastating death toll, and has even divided nations on whether it is real or not. An issue that seems to have been overlooked by the general population is the toll this pandemic has taken on the mental health field. What happened to the population's mental health? What are mental health experts doing differently to reach their patients? How will this shape the mental health field going forward?

Telemedicine Before COVID-19

For centuries, society has been using face-to-face visits when it came to anything in the medical field. It has been the obvious choice. How can you be diagnosed or treated without being physically seen? Even in the mental health field, having a face-to-face session with a

professional has always been the standard method. However, as telecommunication advanced and became more prominent, the possibility for virtual appointments with a mental health professional came into light. Applications such as BetterHelp and Talkspace launched, and some therapists give clients the option to simply call them for a session. Two self-management applications, Headspace and Calm, have both positively affected its users (Rosen and Glassman, 2020, p.180). A study done by Tracey Varker et al. from the University of Melbourne found that telepsychology can be just as effective as in-person sessions (Varker et al., 2019, p. 622). Despite this, research shows that only 21% of psychologists use telepsychology in their practice (Pierce et al., 2021, p. 16). Why is this the case? “Many psychologists seemed to have doubts regarding the ease of using telepsychology...” (Pierce et al., 2021, p. 16). Another reason is that some professionals just refuse to refer their clients: “75% of psychologists and other allied providers said they were not willing to refer their clients for telepsychology” (Pierce et al., 2021, p. 16). Lastly, “a lack of self-efficacy has been evident in psychologists’ reasons for not utilizing telepsychology...” (Pierce et al., 2021, p. 16). However, psychologists not wanting to use telepsychology in their practice is not the only reason. Laws like HIPAA “[limit] options for telepsychology, as it precluded the use of common telecommunication...” (Pierce et al., 2021, p. 16). Medicare regulations also limit the use for telepsychology by having “specific reimbursement qualification stipulations for telehealth sessions.” (Pierce et al., 2021, p. 16). Overall, it seems that while telepsychology has been found to be as effective as in-person visits, psychologists are hesitant to offer it or refer clients to it, while laws and insurances limit it.

COVID-19 Impact on Mental Health

While COVID-19 causes the body physical trauma, the environment it has created has caused mental trauma. Looking at those who already have a history of mental illness, it is very

possible that their mental illness can be exacerbated by the current state of the world. Joseph F. Goldberg, MD, (2020) gives examples of those with OCD or anxiety: “Do handwashing mandates become a paradoxical injunction for patients with contamination-fearful obsessive-compulsive disorder? ...And, for everyone, when does binge-watching the news during a time of crisis cross the line from anxiolytic to anxiogenic?” (p. 1). Goldberg (2020) further mentions that this time of isolation could cause patients to relapse, especially since “social connectedness [is] thought to be critical to the recovery process.”(p. 1). It has always been clear that humans need social interaction to help maintain a healthy mental state.

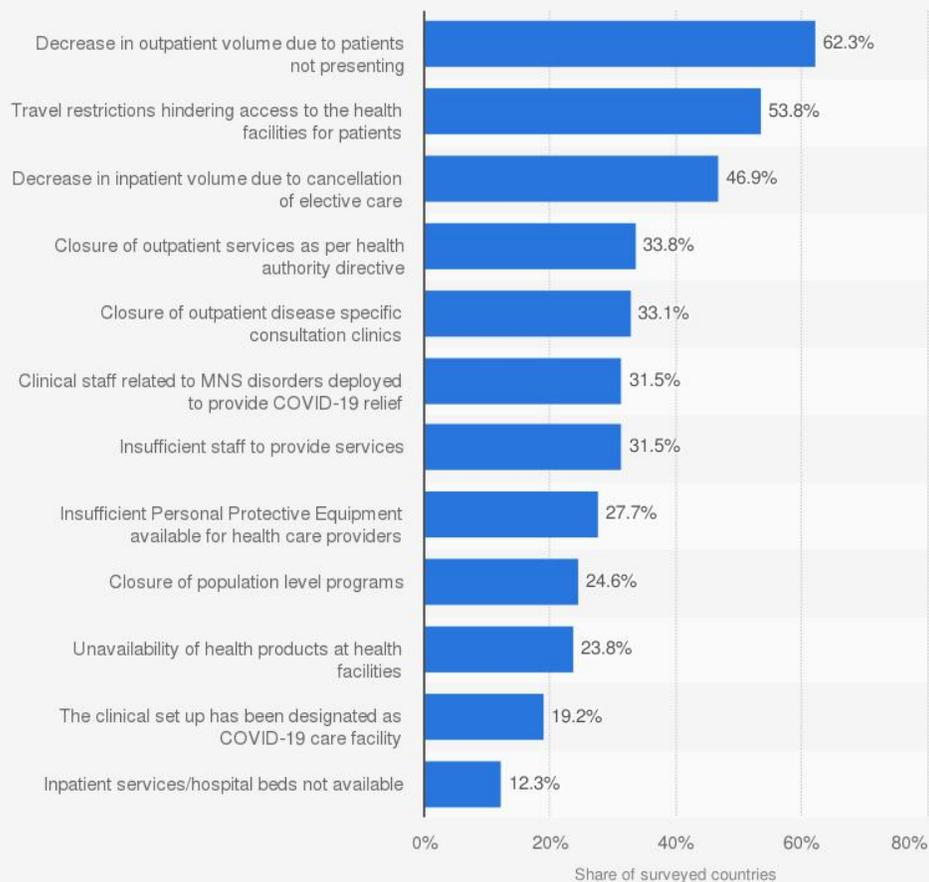
COVID-19 has not only created a state of worry and fear, but also a state of isolation and loneliness. While technology has aided humanity through keeping us connected to each other virtually, it is just not the same as in-person interactions. Giada Pietrabissa and Susan G. Simpson (2020), authors of the article “Psychological Consequences of Social Isolation During COVID-19 Outbreak”, reference Aristotle: “...man is a ‘social animal’, unable to live isolated from others, since the absence of relationships removes the essential conditions for the development of personal identity and the exercise of reason.” (p. 1). Social isolation affects both the physical and mental state. For example, “prolonged social isolation characterized by reduced social connections and contact, generates deep disconnection among those who live alone or cannot rely on an adequate social network, thus increasing the likelihood that depressive symptoms will emerge. Social isolation has been linked to cognitive impairment, reduced immunity, increased risk of cardiovascular disease, and ultimately, mortality.” (Pietrabissa and Simpson, 2020, p. 2). In fact, these mental and physical issues tend to go hand in hand. High levels and stress and anxiety may lead to heart problems, poor sleep schedules tend to exacerbate

symptoms of depression, and so on. In addition to being isolated from those they know, individuals also became isolated from their healthcare providers.

Many individuals lost their jobs as businesses had to downsize staff or shut down completely. The loss of a job leads to the loss of the job benefits, including insurance. “The uninsured rate was 26.3% among newly unemployed people as of April, compared with 10.7% for those with jobs.” (AJN). This not only affects an individual’s options to go to a mental health provider but affects their ability to obtain medication as well. Prices skyrocket for the newly uninsured, going from a payable copay to paying hundreds or thousands of dollars completely out of pocket. The safer option for their financial well being would be to stop treatment all together, thereby perpetuating this health disparity for the unemployed.

Due to the initial lockdown, many businesses temporarily closed, including doctors’ offices. This affected the population’s ability to visit their mental health care providers and get the help that they need. Figure 1 below, published by John Elfein (2020) on site “Statista”, shows how mental health services have been disrupted worldwide in 2020.

Leading causes of COVID-19 related disruption in mental health, neurological and substance abuse (MNS) related services worldwide as of 2020



Source
WHO
© Statista 2020

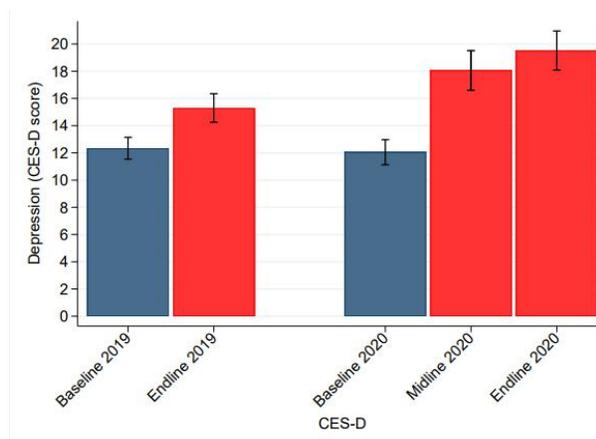
Additional Information:
Worldwide; June to August 2020; 130 countries

[Fig. 1](#)

While the highest percentage is due to patients not presenting, the rest of the graph shows that the decrease in care is caused by either closure or restrictions. Closures and restrictions limit or completely cut off the help that people need, whether it is patients who have been getting treatment or individuals who have new or increased symptoms of mental illness.

A study conducted by Osea Giuntella, Kelly Hyde, Silvia Saccardo, and Sally Sadoff observed this lifestyle disruption by having participants, students at the University of Pittsburg, wear a Fitbit Alta HR device and conducting surveys for an entire spring semester. Regarding

assessing the students' mental health, they used the Center for Epidemiological Studies Depression Scale (CES-D) and the Generalized Anxiety Disorder scale (GAD-7).



Notes - The figures show the average CES-D score during Spring and Fall 2019 (red) and Spring 2020 terms (blue). Bars indicate 95% confidence intervals.

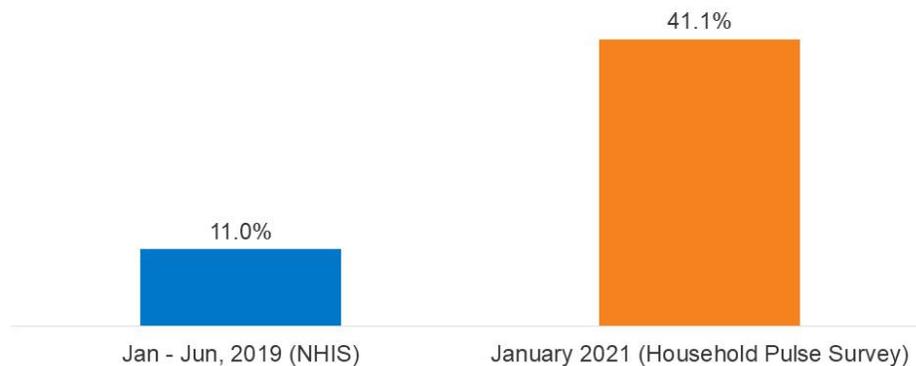
[Fig. 2](#)

Figure 2 above shows the results of their study regarding the CES-D scores gathered. The study also compares the results of the CES-D and GAD-7 scores from the previous year, Spring and Fall 2019. A spike in the endline is typical since it is finals season and students experience the stress of meeting deadlines or possibly failing exams, however, the midline for their Spring 2020 CES-D surpass the endline for Spring 2019. For depression, “We estimate that as of April 2020, 61% of our participants were at risk of depression (a CES-D score of 16 or above). This is nearly double the baseline rate of 32% just two months earlier prior to COVID-19 ($p < 0.001$).”

(Guintella et al., 2021, SI Appendix, p. 8). For anxiety, there is a 30% increase with the score going from 5.4 as the baseline, 7.5 as the midline, and 7.3 as the endline. This is in comparison to the Spring 2019 18% increase of 5.4 to 6.4. (Guintella et al., 2021, SI Appendix, p. 9). While this study was only done on students, Figure 3 below shows that there is a significant rise in the general population as well. Figure 3 compares results from the CDC’s National Health Interview

Survey from January to June of 2019 to the results of the Household Pulse Survey for January of 2021.

Average Share of Adults Reporting Symptoms of Anxiety Disorder and/or Depressive Disorder, January-June 2019 vs. January 2021



NOTES: Percentages are based on responses to the GAD-2 and PHQ-2 scales. Pulse findings (shown here for January 6 – 18, 2021) have been stable overall since data collection began in April 2020.

SOURCE: NHIS Early Release Program and U.S. Census Bureau Household Pulse Survey. For more detail on methods, see: <https://www.cdc.gov/nchs/data/nhis/earlyrelease/ERmentalhealth-508.pdf>

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Fig. 3

Benefits of Telemedicine

While in-person visits are the standard and generally better for professionals to diagnose you properly, this is not something that is available to everyone. A prime example is rural health and poverty. In Elizabeth Week’s research paper *Medicalization of Rural Poverty: Challenges for Access*, she cites a 2015 study done by Ann Case and Angus Deaton. Their study called the preventable deaths in rural areas “despair deaths” due to the fact these deaths resulted from the environment the victims were in. “Whether from their physical environment, socioeconomic status, or additional social factors, rural residents are at increased risk of poor health outcomes and higher mortality” (Richman et al., 2019, p. 1). The combination of rural poverty and lack of access ends up being a big factor in the deaths of rural areas. “One-fifth of Americans live in

rural areas, but only one-tenth of physicians practice there. Even where mid-level providers may be available, they may not be licensed under state law to provide a full range of services.” (Weeks, 2018, p. 653). Rural areas may not even have a doctor within their town. “Research shows that increasing location remoteness was consistently associated with lower service, and this relationship was particularly strong for specialist mental health intervention.” (Varker et al., 2019, p. 621). They may have to go to the next town over or possibly have to make the trip to the closest urban area, assuming that they have the means to travel there. “Telehealth technology may be a critical means by which rural communities can receive services that may otherwise be unavailable, including specialty care that address the most pressing rural health issues.” (Richman et al., 2019, p. 3). The implementation of telehealth could greatly improve the care rural communities get. However, since internet connectivity tends to be sparse in these areas, a push needs to be made to give these areas better internet for telehealth to work.

While telemedicine can be beneficial for those in rural areas to receive access to general health care services, it can be beneficial for those who need mental help. For example, treating patients with PTSD. Just like most cases, PTSD patients need to travel to an office or clinic to receive care. “Providing care via telepsychotherapy can also be more private, reducing stigma concerns.” (Rosen and Glassman, 2020, p. 176). Due to the stigma that surrounds mental health, many may try to hide the fact that they are going to therapy, “especially for people in professions such as law enforcement, fire service, and the military that prize strength and self-reliance.” (Rosen and Glassman, 2020, p. 176). Those in positions of power or strength may feel that being seen going to a therapist is a sign of weakness. Another example are patients who have “trauma-related fears of driving, fears of crowded public transportation, or trauma-related cues in the

clinical care setting.” (Rosen and Glassman, 2020, p. 176). Having therapy done in the comfort of your own home can reduce the stress on a patient.

The Future

Before the pandemic, mental health professionals were hesitant in the use of telemedicine. COVID-19 has essentially forced the hand of professionals to use telemedicine for the sake of their patients, to make sure those who need help get that help. “It was hypothesized that telepsychology use would increase dramatically during the pandemic relative to before the pandemic, and that this increase in use would lead psychologists to anticipate continuing to use telepsychology at higher rates after the pandemic relative to baseline, though less than during the pandemic” (Pierce et al., 2021, p. 17). Now that telemedicine has been utilized consistently for roughly a year, will professionals be more willing to use it in the future? As states reopen, many patients may want to continue with telemedicine rather than go back to in-person sessions. “Patients’ growing comfort with technology, especially as more people are using it to telework or communicate with family and friends during the current pandemic, may aid their growing acceptance of telepsychotherapy.” (Rosen et. al., 2020, p. 177). The hesitancy we saw pre-pandemic may have been lessened thanks to this impromptu test run.

While it may seem like the mental health field can simply keep using telemedicine, there are some concerns as well as areas that need improvement. A big example is patient privacy. HIPAA was set in place to protect patient privacy, however, “Neither HIPAA nor 42 CFR Part 2 specifically addresses telehealth...” (Haque, 2021, p. 101), 42CFR Part 2 addressing patient privacy for patients dealing with substance abuse. Since there are no specifications, providers cannot simply pick the most convenient telemedicine option. There needs to be careful selection,

ensuring they choose a platform that will not risk the privacy of their patient. Due to the pandemic, “providers needed to establish telehealth services quickly and may not have had the time to identify, select, and implement services with vendors whose technologies were compliant with HIPAA and Part 2” (Haque, 2021, p. 101). Now that society is starting to reopen and return to normal, providers may need to look closer into the platforms they can use for patients that may prefer telemedicine. Another issue is technology. As previously stated, there are areas that may not have proper connectivity to the internet. “Moreover, some patients and families in such areas may not have access to technology at home to participate in telehealth.” (Haque, 2021, p. 101). While many of us see touch screens and smart devices as the norm, there are still those who do not have access to this kind of technology. There are also still those who may not know how to operate the technology necessary, whether it be due to old age or simply not being used to the technology.

Based on previous research, telemedicine is a viable option for the mental health field. Studies have shown that it has produced the same results as going to in-person sessions, it can be beneficial for those who are anxious to be seen going to therapy, and it can connect patients with providers they may not have access to due to location or the inability to leave home. Telemedicine just needs the improvements every new option needs, especially when its first test run is under the stress of a global pandemic.

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