

The coronavirus pandemic and the growing mental health crisis

By Ben Oliver
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The coronavirus pandemic and the ruling class' negligent response to it is a traumatic event for world humanity. Studies show the pernicious impact the crisis is having on the mental health of billions. Drawing on research of past disasters and disease, psychologists predict that a mental health "shadow" pandemic will last for years after the disease has subsided.

This mental health pandemic has various causes and manifestations. As World Health Organization Director-General Tedros Adhanom Ghebreyesus has said, "Social isolation, fear of contagion, and loss of family members is compounded by the distress caused by loss of income and often employment."

World COVID-19 cases will soon eclipse 20 million and there have been more than 675,000 deaths to date. After lockdowns wreaked economic havoc for the ruling class, and forced workers and their families into poverty and hunger, corporations and governments are now seeking to drive workers back into unsafe workplaces.

Although resilience to disaster is natural, the pandemic isn't like a wildfire or hurricane. Dealing with the insidious uncertainty of its spread is more like living with a domestic abuser or being deployed to a war zone. Being witness to brutal repression of protests compounds the distress.

In the United States, the spread of the virus has had an immediate effect on mental health. Calls to a Disaster Distress Hotline, run by the Substance Abuse and Mental Health Services Administration, increased by 338 percent in March. In April, 42 percent of Americans reported feelings of hopelessness and calls to the hotline climbed 900 percent. One in 25 Americans had lost a close family member or friend. By June, a University of Chicago survey reported 40 percent of Americans had depressive symptoms, and in July, 56 percent reported at least one negative effect on their well-being.

Internationally, much research has already been conducted on the psychological impacts of the pandemic. In the United Kingdom, the Mental Health Foundation has been conducting a study since March on the psychological impacts of the pandemic. Half of the UK population has reported anxiety. Half of the Spanish population reported mild-to-severe psychological impacts, and more than half of the Chinese population reported moderate-to-severe psychological impact.

To begin to get a sense of the immensity of mental distress caused by the pandemic, half of the combined populations of China, Spain, the UK and the US is almost a billion people; nearly

one-eighth the world's population.

In the US, the "second surge" started to hit Southern states and California in June. In Louisiana, which has been especially hard-hit, the seven-day new case count is 15,870, 42.9 percent of residents have experienced symptoms of anxiety or depression, a 3.9-fold increase since last year. Feeding America predicts food insecurity among 52.5 percent of children in East Carroll Parish, Louisiana, the highest level nationally.

Physicians in Louisiana are observing new physical symptoms suggestive of the psychological burden: weight gain, high blood pressure, and high blood sugar. "A lot of folks who would come in with one or two problems now have 10," said Dr. Chad Braden of Baton Rouge, speaking to the *New Orleans Advocate*.

The pandemic, mass unemployment and financial precarity are caustic to mental health and compound previous inequalities. As the UK study cited above states:

"The distribution of infections and deaths during the COVID-19 pandemic, the lockdown and associated measures, and the longer-term socioeconomic impact are likely to reproduce and intensify the financial inequalities that contribute towards the increased prevalence and unequal distribution of mental ill-health."

In June, 44.7 percent of the unemployed in the UK worried about having enough money for food, and a quarter were suicidal, double the rate in the general population. In the US, 40 percent of households have had difficulty affording basic necessities in the past three months.

Just as the pandemic has led to a redistribution of wealth, the UK study shows a divergence in psychological impacts between those already at risk financially, socially, medically and psychologically and the rest of the population. People with previous psychiatric conditions have suffered the most. One-on-one therapy, peer support, volunteering and supported employment are impossible. The suicidality rate for this population is almost triple the rate in the general public. People with preexisting physical disabilities are also isolated from essential psychosocial support, and many live in high-risk residential facilities, as do the elderly, for whom loneliness and the fear of death have been exacerbated.

Women report greater psychological impacts owing to a disproportionate representation in affected industries, being the primary caregivers at home, and an increase in domestic abuse. In June, 43 percent of Americans with children reported feeling hopeless. Children are at particular risk for mental health impacts.

According to the WHO, they have experienced an increase of restlessness and difficulty focusing, which may indicate a psychological impact. Children with attention-deficit/hyperactivity disorder (ADHD) may have more difficulty adjusting to lockdown, and children with autism may suffer from a change in habit and ritual.

The UK study found a spike in the numbers of single parents seeking support. Sixty-three percent are anxious or worried, 43 percent are lonely, and 28 percent are afraid. Many were reliant on insecure, casual employment and suffer from a loss of income and social isolation. The risk of postnatal and perinatal mental health problems has increased, these conditions are less likely to be identified, and care is more difficult to access. Concern is warranted for infants and toddlers of single parents, as these years are critical to social and cognitive development.

Various studies and surveys document a disproportionate mental health impact on youth globally. The population between the ages of 18 and 24 are more likely than any other age group to not cope well, with 22 percent reporting suicidality. Education has been cut, job prospects are greatly lessened, youth are isolated from their peers, and their lives are less structured. As one respondent to the UK study said, “It feels like their whole, like, their whole generation is being wasted.”

The pandemic has worsened the mental health of 83 percent of UK teens with a mental health history, and 60 percent of Americans between the ages of 18 and 22 report symptoms of depression. High risk factors for youth, include losing a parent, having an infected relative or acquaintance, lost family income, more time invested in social media, increased family conflict or violence and the “ubiquitous issues of death.” The distress that is affecting nearly everyone is particularly felt by young people. Three-quarters of mental health problems arise before the mid-20s, and post-traumatic stress disorder (PTSD) peaks at ages 16–24. For teens, the disruption in their social environment could slow their cognitive and psychological maturation, posing life-long consequences.

Nowhere is mental anguish more acute than in the health care field. Anywhere the virus breaks containment, workers battle overwhelming influxes of patients for whom there are no proven treatments. They risk their lives with insufficient protective equipment and staffing, knowing first-hand the limitations of the system to care for them if they fall ill. Already experiencing a crisis of burnout, the *New England Journal of Medicine* describes “a surge of physical and emotional harm that amounts to a parallel pandemic” facing the US clinical workforce.

Three New York City health workers have been driven to take their lives. John Mondello, 23, a rookie emergency medical technician (EMT), died of a self-inflicted gunshot wound on April 24. Lt. Matthew Keene, a veteran EMT, shot himself on June 19. Dr. Lorna Breen killed herself on April 26 while visiting family. The emergency room at New York-Presbyterian Allen Hospital, where Breen was a supervisor, became a “brutal battleground” during the surge.

The pandemic comes at a time soon after suicide became the 10th leading cause of death in the US, increasing 35 percent from 1999 to 2018. Drug overdoses in 2020 have increased by 13

percent over the previous year, one-tenth of the general UK population has reported suicidal thoughts. According to the *Chicago Tribune*, suicides in the US could increase by 20 per day. Models on the 2008 recession crisis predict a 1.6 percent increase in suicide for every 1 percent rise in the unemployment rate. At levels of 20 percent unemployment, 18,000 suicides can be predicted along with 22,000 drug overdoses. Adjusting for misclassified and undercounted workers, the true unemployment rate now is 27.4 percent.

Lessons from studies on the impact of past pandemics may predict the psychological impacts of COVID-19. Thirty percent of children whose families were quarantined during the H1N1 and Sars-CoV-1 pandemics developed PTSD. Anxiety and depressive symptoms among health care workers, and a high prevalence of psychiatric symptoms in the general public lasted for months and years after Sars-CoV-1. Income reduction was the highest predictive factor in the development of psychological disorders after the Sars-CoV-1 pandemic. The 1918 influenza increased first-time asylum admissions in Norway by 7.2-fold, and US influenza death rates “significantly and positively related to suicide.”

To address the burgeoning mental health crisis, more studies and intervention are needed. Clinicians are intervening, but armies of mental health workers must be rallied. In the US, experts have called for \$38.5 billion in funding. The CARES Act set aside one-half of one one-hundredth that amount.

The May 6 UK study stated: “there will be no vaccine for these population mental health impacts.” One should add: “under capitalism.” To think that the prevailing conditions exacerbated by the negligent policies of the ruling class will improve, or even return to their prior state, would be naïve. The only corrective to the myriad social and economic factors critical to mental well-being is the organization of society to meet the needs of humanity.

The health care system in the US and globally, of which mental health treatment is an integral part, must be wrested from the control of the private health insurance industry, the pharmaceutical companies and the giant for-profit health care chains and placed under workers control. This requires the socialist reorganization of the entire economy under a workers government.

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