



Will COVID-19 leave us with a long-term mental health crisis?

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President Biden invoked the [Defense Production Act](#) to accelerate manufacture of the [Johnson & Johnson vaccine](#), and promised Americans that by May we will have enough vaccines for every adult in the country. But while an end to the pandemic appears in sight, we have not prepared for the mental health crisis that will linger long after our country returns to some semblance of normal.

Within a few months after the first reported cases of COVID-19 in America, ripples of an ominous tidal wave of psychological trauma began to appear with stories about the impact on physicians. In April, the New York Times [reported that Dr. Lorna M. Breen](#), the medical director of the emergency department at New York-Presbyterian Allen Hospital, had died by suicide. By that time, medical experts already knew that frontline workers were experiencing a mental health crisis. The month prior, [JAMA Network Open had published a survey](#) of more than 1,200 health care workers in China, and roughly half showed symptoms of depression or anxiety, while more than a third reported insomnia. Health workers treating COVID-19 patients, especially at the epicenter of the outbreak, reported the most severe symptoms.

In May, psychiatrists and the World Health Organization warned that mental health should be a “core element” of the pandemic response [and predicted a surge](#) in psychiatric cases after lockdown. By August, COVID-19's effects on mental health were noticed in the broader population, as the Centers for Disease Control and Prevention (CDC) [found elevated](#)

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adverse mental health conditions associated with COVID-19. Thirteen percent of adults had started or had increased alcohol consumption or drug use to help cope with pandemic concerns, and 11 percent had considered suicide in the past month. Among adults ages 18 to 24, the number considering suicide jumped to 25 percent. Loneliness, job loss and fear of contracting the virus were cited as factors that contributed to mental health problems.

A later report by the Kaiser Family Foundation found 53 percent of U.S. adults struggling with mental health issues linked to worry and stress over coronavirus. The foundation also reported that 40 percent of Americans had described symptoms of anxiety or depression, compared to 11 percent the prior year. The stress of coping with the restrictions necessitated by the pandemic — the social isolation, economic uncertainty, family struggles — are only one side of the psychological cost of COVID-19. Studies now show that infection with this virus leads to direct effects on the brain that increase the probability of psychiatric illness, including psychosis.

These high rates of mental stress and trauma will continue long after efforts to control the pandemic have succeeded. We know this from research on the victims of Hurricane Katrina in 2005. Five months after Katrina slammed into the Gulf Coast, researchers found that 17 percent of New Orleans residents reported serious mental health problems afterward, compared to 1 percent to 3 percent of the American population.

Around half of those living in New Orleans reported some type of anxiety, but the most common illness was PTSD (post-traumatic stress disorder), which normally has a prevalence of around 6 percent. A year after Katrina, researchers found that the number of survivors with PTSD had jumped from 15 percent to 21 percent. Other scientists reported that people experiencing suicidal thoughts rose from 2.8 percent to 6.4 percent. Further studies showed that the most vulnerable residents of New Orleans were low-income single mothers, who were mostly African American. When researchers tracked down these same low-income mothers, nearly five years after Katrina, many were still traumatized. Around 33 percent showed signs of post-traumatic stress and 30 percent had psychological distress. While many natural-disaster survivors tend to bounce back after a year, the effects can be very long lasting.

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In the case of COVID-19, long-term psychiatric effects analogous to Katrina can be expected, given the psychological challenges of unemployment, economic distress, family struggles and fear of severe illness. But, in contrast to Katrina and other natural disasters, the long-term effects of COVID-19 may involve direct harm that researchers suspect the virus is causing to our brains. A recent study by Oxford researchers in *Lancet Psychiatry* examined 70 million U.S. health records and found that almost one in five Americans who have had COVID-19 were later diagnosed with a psychiatric disorder such as anxiety, depression or insomnia, and even psychosis.

The signs are clear that something must be done to address this long tail of pandemic effects. But our government does not seem aware of or prepared for these lingering impacts. Investing in front-line mental health care should be part of how we modernize infrastructure.

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