

# The Other Epidemic: The Mental Health Toll of COVID-19

From the start of the COVID-19 pandemic, the coronavirus would impact nearly all aspects of individuals' well-being. Aside from its direct impact on physical health, COVID-19 has taken a toll on the mental, emotional, and behavioral health of populations. The uncertainty, fear, and concern around COVID-19 – coupled with the numerous ways in which it has disrupted people's daily lives – have had substantial implications on mental health-related outcomes. To better understand these impacts, NJHA's Center for Health Analytics, Research and Transformation (CHART) takes a closer look at trends in mental and behavioral health diagnoses among New Jersey's emergency department (ED) patients.

Based on New Jersey hospital discharge data, CHART found that a greater share of ED patients presented with a mental, behavioral, or drug/substance use disorder diagnosis during the pandemic compared to prior years. The prevalence of these disorders increased most dramatically among children under 18, an already vulnerable population. Despite a previous downward trend, the prevalence of drug/substance use increased among patients of all age groups from 2019 to 2020 as well. Whether or not these patterns will persist, New Jersey's ED patient population clearly grappled with major mental and behavioral health concerns throughout the COVID-19 pandemic.

## Background

COVID-19 has placed individuals at increased risk for negative mental health outcomes and substance use. According to the U.S. Census Bureau's Household Pulse Survey, approximately 40 percent of U.S. adults reported symptoms related to an anxiety and/or depressive disorder in

January 2021<sup>1-2</sup>, up from 10 percent in January through June 2019.<sup>2</sup>

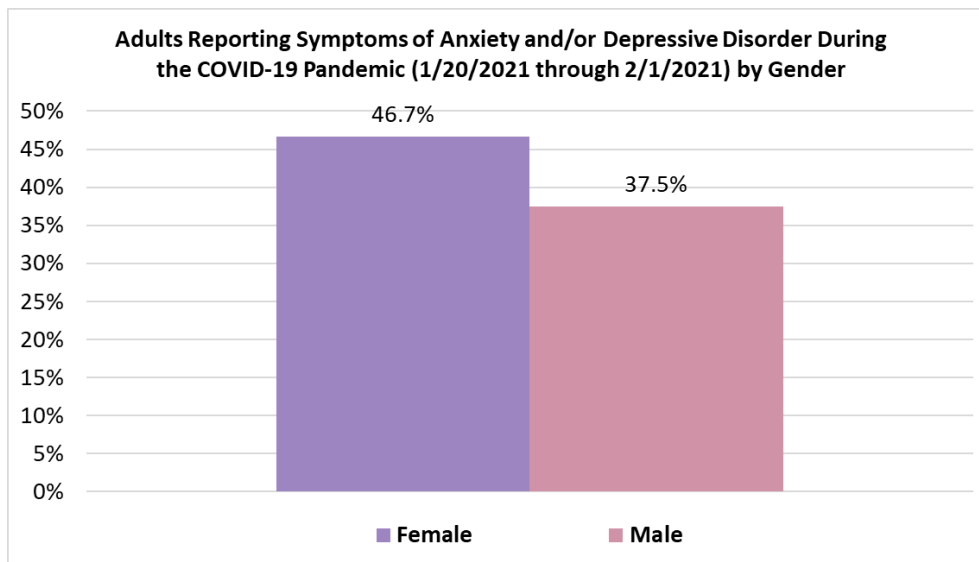
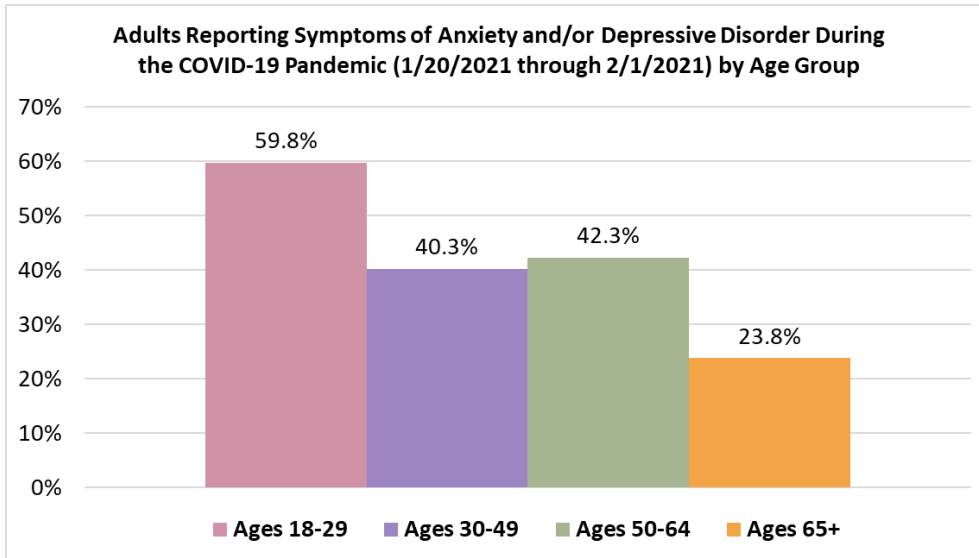
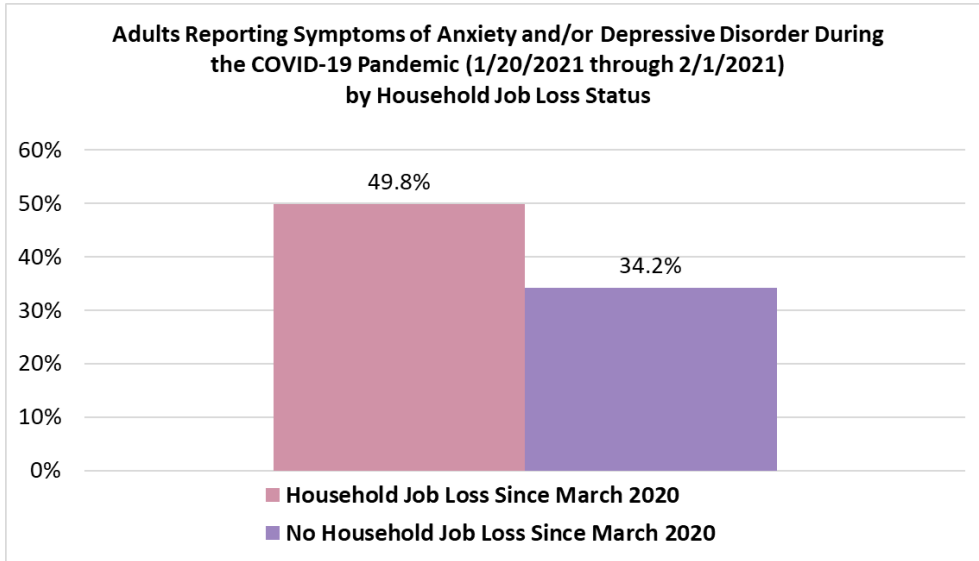
In New Jersey, roughly 42 percent of respondents reported symptoms of anxiety and/or depression from Jan. 20, 2021, through Feb. 1, 2021, 20 percent of whom reported an unmet need for counseling or therapy.<sup>3</sup> During the same period, a higher proportion of adults who experienced household job loss since March 2020 reported symptoms of anxiety and/or depression compared to those who did not experience a job loss (50 percent versus 34 percent, respectively) (Figure 1). The prevalence of an anxiety and/or depression disorder was highest among young adults ages 18 to 29 years (60 percent) (Figure 2). Furthermore, 47 percent of females, versus 38 percent of males, reported symptoms of anxiety and/or depression (Figure 3).<sup>3</sup>

## What Do Trends in Emergency Department Visits Tell Us?

According to a report from the Centers for Disease Control and Prevention (CDC), the proportion of mental health-related ED visits among adolescents ages 12 to 17 years was approximately 31 percent higher between mid-March and mid-October 2020 compared to the same period in 2019, despite a decrease in overall number of visits.<sup>4</sup> Children ages 5 to 11 years experienced a 24 percent increase.<sup>4</sup>

Another study, which examined data from more than 187 million ED visits throughout the U.S., found higher rates of ED admissions for mental health conditions, suicide attempts, suspected child abuse and neglect, and overdoses in mid-March through mid-October 2020 compared with the same period in 2019.<sup>5</sup>

**Figures (1-3)**

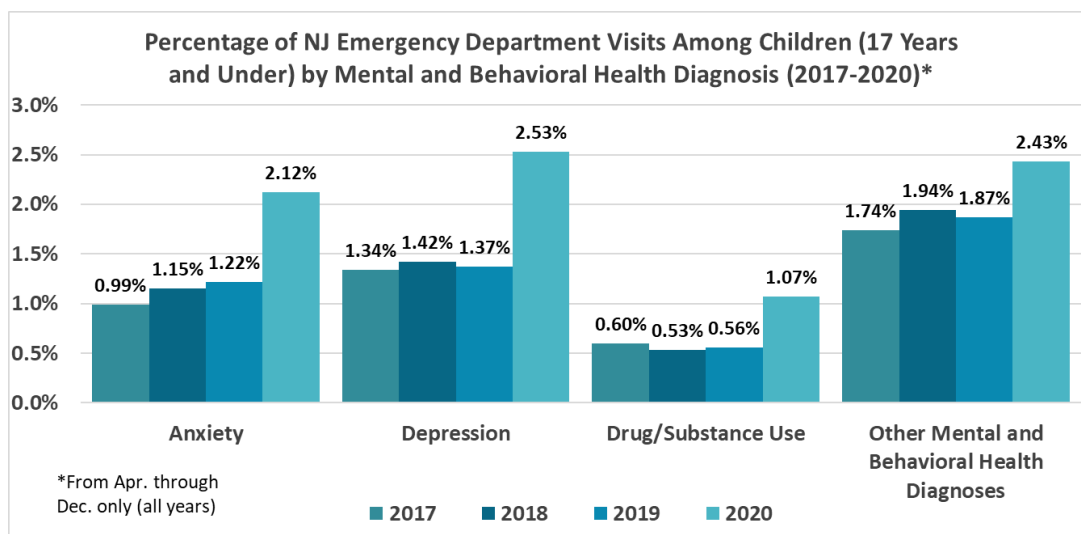


Source: New Jersey-Specific Data from the U.S. Census Bureau's Household Pulse Survey

Data for New Jersey hospitals reflects similar trends. A review of New Jersey emergency department hospital claims reveals that from April through December 2020, the proportion of those under 18 years presenting with a primary or secondary diagnosis for anxiety increased by approximately 74 percent compared to the same period in 2019, while depression disorders among this age group increased more than 84 percent (Figure 4). Furthermore, anxiety diagnoses and “other” mental and behavioral health diagnoses increased by roughly 15 and 23 percent, respectively, among 18- to 29-year-olds (Figures 5 & 8).

For all age groups combined, the proportion of ED claims with a drug/substance use diagnosis increased approximately 29 percent from 2019 to 2020 during the same nine-month period (Figure 7). This trend is especially noteworthy, as the proportion of ED claims for drug/substance use appeared to be decreasing from 2018 through 2019 for most age groups. For children and adolescents, ages 17 years and under, the proportion jumped from 0.56 percent in 2019 to 1.07 percent in 2020 – a 91 percent increase (Figure 4). While a considerably smaller number of 0- to 17-year-olds presented with a drug/substance use diagnosis – with higher numbers among teens – the increase in the percentage of children under 18 years presenting with these diagnoses is concerning.

**Figure 4**



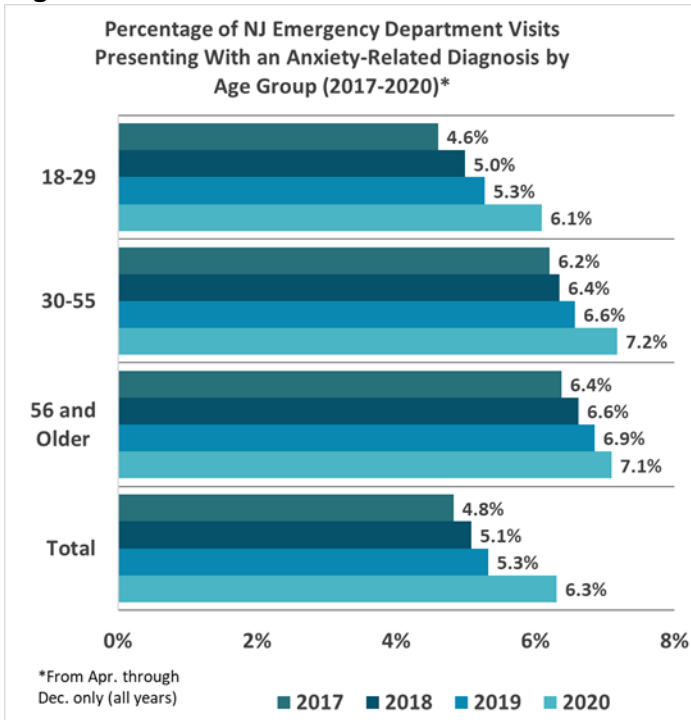
Source: New Jersey Hospital Discharge Data

Notes: 1) Anxiety-related diagnoses include phobic anxiety disorders.

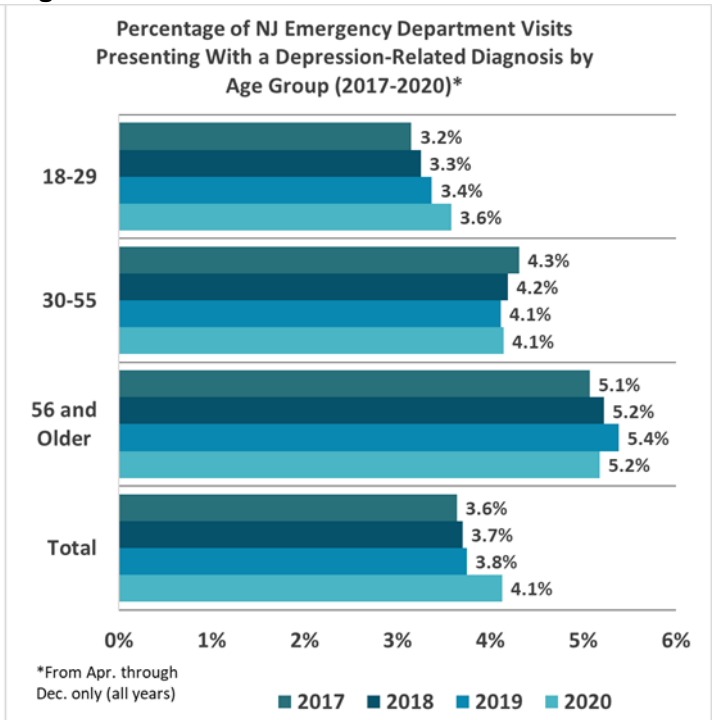
2) Other mental and behavioral health-related diagnoses include behavioral syndromes, and dissociative, stress-related, adjustment-related, somatoform, other nonpsychotic, manic, bipolar, persistent mood, and other mood disorders. They exclude adult personality disorders.

3) Drug/substance use-related diagnoses include abuse and dependence disorders. They exclude undetermined and assault-related diagnoses, as well as subsequent and sequential encounters

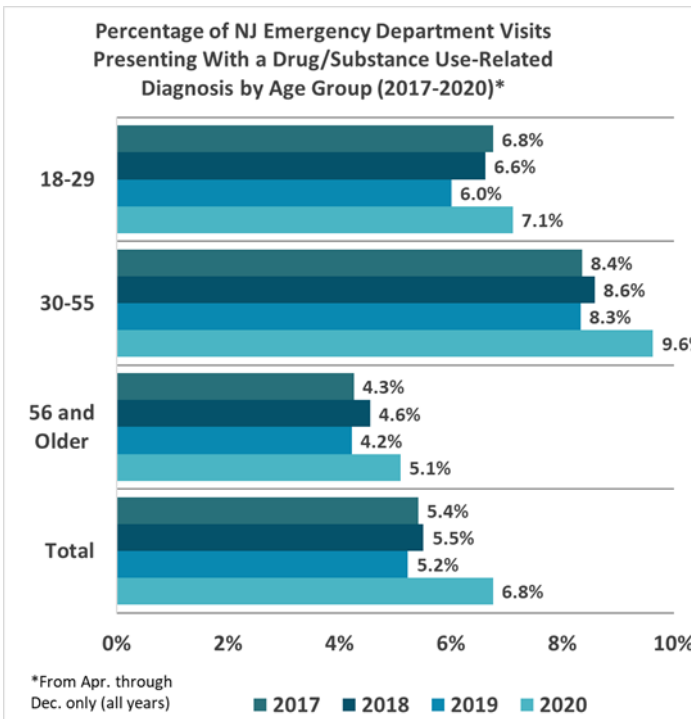
**Figure 5**



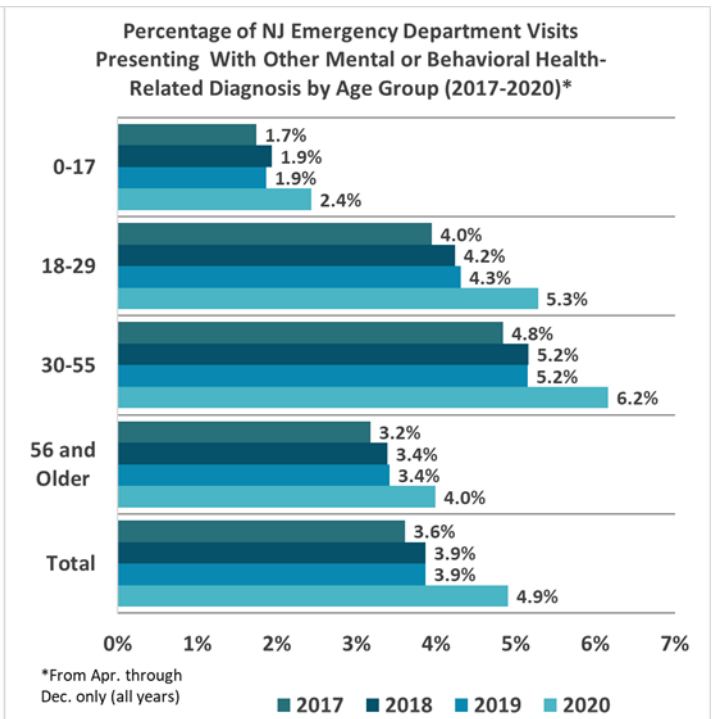
**Figure 6**



**Figure 7**



**Figure 8**



Source: New Jersey Hospital Discharge Data

While the number of emergency department visits in New Jersey was dramatically lower than pre-pandemic levels, the data suggest that the share of mental and behavioral health-related visits generally increased – especially in younger age groups – or remained at similar levels. It is difficult to attribute these increases to COVID-19 alone. For

anxiety-related and other mental and behavior health-related diagnoses, the percentage of ED visits was increasing prior to 2020. Despite this, any rise in these diagnoses should continue to be monitored.

New Jersey and other research data highlight the fact that, during a time of stay-at-home orders and ED avoidance, mental and behavioral health disorders continued to be an issue for individuals seeking care in the emergency department setting, as such individuals sought care at similar – and even higher - rates than prior to the pandemic.<sup>4-5</sup>

### **Populations Facing Increased Mental and Behavioral Health Concerns Due to COVID-19**

The mental and behavioral health of children has garnered particular attention during this pandemic, as adverse events or experiences early in life can have harmful impacts on the development of core emotional and cognitive skills.<sup>6</sup> According to the World Health Organization (WHO), half of all mental health disorders occur before the age of 14.<sup>7</sup> Such disorders have likely been intensified by stress and anxiety, disruptions to schedules and education, and limited social interaction due to the pandemic.<sup>4</sup>

In a January 2021 New Jersey School Boards Association report, roughly 47 percent of the 264 board of education members, superintendents, and business administrators surveyed reported that although they did not see evidence of more students in crisis, students were generally more anxious and depressed.<sup>8</sup> Another 12 percent reported that they saw evidence of more incidents of self-harm, threats of self-harm, or hospitalizations in their district.<sup>8</sup> The mental health of college-age students has certainly not gone unnoticed as well. According to a CDC analysis of June 2020 Household Pulse data, 18- to 24-year-olds were more likely to report an anxiety and/or depressive disorder, to start or increase substance use to cope with pandemic-related stress, and to have seriously considered suicide in the past 30 days.<sup>9</sup>

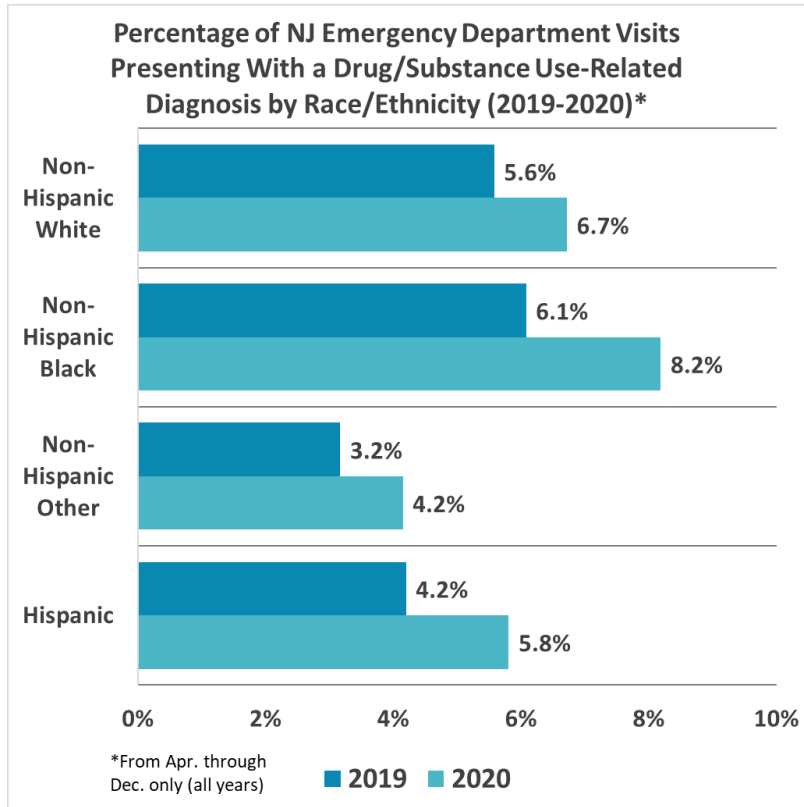
COVID-19 has jeopardized the mental health of numerous other populations aside from children and adolescents. Parents faced – and continue to face – challenges due to daycare and school closures. Job losses and declines in income impacted many others. Frontline and essential workers are aware that their jobs place them at additional risk for exposure to COVID-19, and must often accept this risk to meet financial needs – adding to their fear and anxiety around COVID-19.<sup>2</sup>

Having experienced disproportionately high COVID-19 case and death rates, people of color – who already faced boundaries in accessing mental health services and aid<sup>2,10</sup> – are also a particularly at-risk population for negative mental and behavioral health outcomes. According to the Kaiser Family Foundation, higher proportions of non-Hispanic Blacks and Hispanics/Latinos reported symptoms of an anxiety and/or depressive disorder (48 and 46 percent) in the December 2020 Household Pulse survey compared to non-Hispanic Whites (41 percent, respectfully).<sup>2</sup> In a separate survey conducted by the Commonwealth Fund from March 30, 2020, through May 25, 2020, approximately 39 percent of non-Latino Blacks, and 40 percent of Latinos, reported experiencing stress, anxiety, or great sadness since the COVID-19 pandemic began compared to 29 percent of White respondents.<sup>11</sup> Latinos and non-Latino Blacks were also more likely to report substantial economic challenges due to the pandemic (50 percent), a percentage significantly greater than 21 percent of non-Latino White respondents.

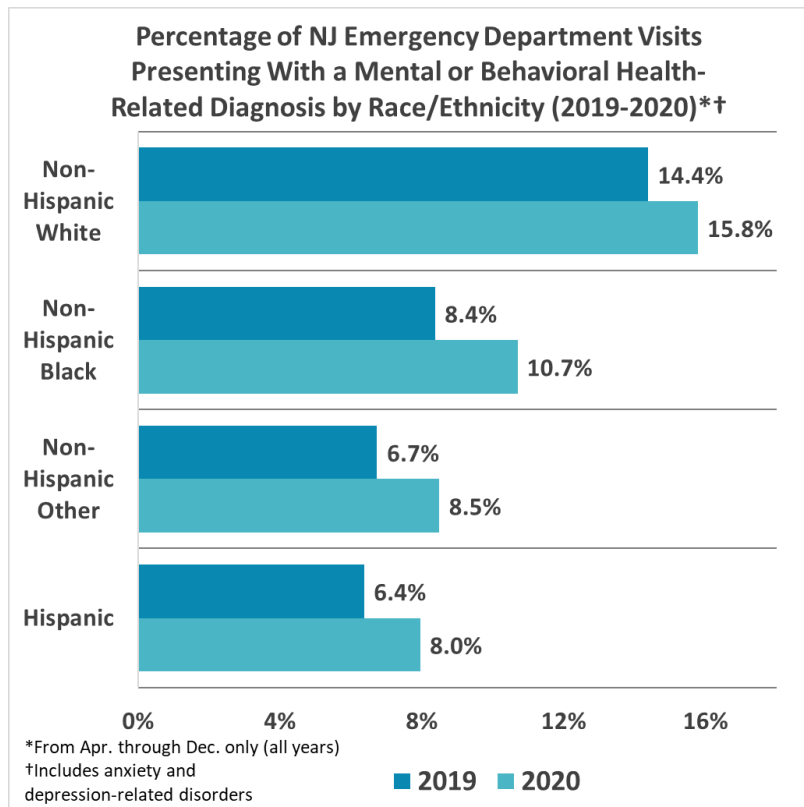
New Jersey hospital data also helps highlight the pandemic's unequal toll on patients of color. The proportion of non-Hispanic White ED patients presenting with a drug/substance use disorder increased by 20 percent from 2019 to 2020, while non-Hispanic Black, Hispanic, and other non-Hispanic patients experienced increases of over 30 percent (Figures 9). The comparative percent increases for mental and behavioral health-related diagnoses – including anxiety and depression disorders – were approximately 10 percent (for non-Hispanic White patients) and 25 percent (for patients of other races/ethnicities) (Figure 10).

Many individuals in already vulnerable situations have been confronted with additional stressors due to COVID-19, causing severe consequences for their mental and emotional well-being. Even for those who do not fall within the groups mentioned above, the worry around contracting the virus and spreading it to loved ones – along with the lack of face-to-face interaction – has impacted thousands of others. COVID-19 has therefore, and rightfully so, put mental health at the forefront of many research and policy discussions.

**Figure 9**



**Figure 10**



Source: New Jersey Hospital Discharge Data

## What Is Being Done?

In recognizing that many of its residents are grappling with mental and behavioral health concerns, New Jersey legislators and other government leaders have been active in moving forward an agenda of policy change:

- In January 2021, Assembly Majority Leader Louis Greenwald (D-Camden, Burlington) introduced a five-bill legislative package aimed at improving access to mental and behavioral healthcare in New Jersey.<sup>12</sup> One of the pilot programs in the package would help ED patients with mild-to-moderate mental or behavioral health issues – who would otherwise not meet the criteria for inpatient hospitalization – connect with health treatment and support services through Regional Health Hubs. Two other pilot programs would help establish behavioral care services at urgent care facilities and create 24/7 crisis centers in up to five counties for those seeking treatment for substance use disorders.
- In February 2021, Sen. Cory Booker (D-N.J.) introduced the Black Maternal Health Omnibus Act of 2021.<sup>13</sup> Part of the 12-bill package would center around supporting maternal mental health and substance use disorders.
- Also in February, the Acting Director of New Jersey's Division of Consumer Affairs issued an administrative order allowing licensed or certified mental health professionals to satisfy education credits by providing volunteer hours, free of charge, to an organization that offers mental health services to low-income or uninsured individuals, or individuals in crisis.<sup>14</sup>
- Gov. Phil Murphy announced in February that \$105 million of the \$1.2 billion federal coronavirus education relief funds will be allocated toward aiding students with learning and mental health issues.<sup>15</sup> The state will also apply to have the federal government waive statewide standardized testing requirements.
- And in March, the New Jersey General Assembly advanced a package of bills focused on the mental health of school children in grades K-12. Along with other measures, the legislation would help address shortages of mental health professionals in school districts and provide grants to districts seeking to implement school-based programs around the promotion of mental health wellness.<sup>16</sup>

Understanding the complex nature of mental health, and utilizing data to better understand the populations most at risk, helps drive the conversation around mental and emotional well-being. While New Jersey hospitals and other health care centers are important points of contact for many suffering from mental and behavioral health issues, policies that seek to engage individuals in schools, communities, and even households are vital for fostering prevention and support.

Visit [www.njha.com/chart/](http://www.njha.com/chart/) for additional resources.

## Footnotes:

1. Centers for Disease Control and Prevention. (2021, April). Mental Health - Household Pulse Survey - COVID-19. Retrieved from <https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>
2. Nirmita, P., Rabah, K., Cox, C., & Garfield, R. (2021, February). The Implications of COVID-19 for Mental Health and Substance Use. Retrieved from <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use>
3. Kaiser Family Foundation. (n.d.). Mental Health & Substance Use. Retrieved from <https://www.kff.org/state-category/mental-health/>
4. Leeb, R. T., Bitsko, R. H., Radhakrishnan, L., Martinez, P., Njai, R., & Holland, K. M. (2020). Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020. *MMWR. Morbidity and Mortality Weekly Report*, 69(45), 1675-1680. doi:10.15585/mmwr.mm6945a3
5. Holland, K. M., Jones, C., Vivolo-Kantor, A. M., Idaikkadar, N., Zwald, M., Hoots, B., . . . Houry, D. (2021). Trends in US Emergency Department Visits for Mental Health, Overdose, and Violence Outcomes Before and During the COVID-19 Pandemic. *JAMA Psychiatry*, 78(4), 372. doi:10.1001/jamapsychiatry.2020.4402

6. World Health Organization. (2012, August). Risks to Mental Health: An Overview of Vulnerabilities and Risk Factors. Retrieved from <https://www.who.int/news-room/facts-in-pictures/detail/mental-health>
7. World Health Organization. (n.d.). Mental Health. Retrieved from <https://www.who.int/news-room/facts-in-pictures/detail/mental-health>
8. New Jersey School Boards Association. (2021, January). Eye on the Future as Districts Monitor Student Mental Health. Retrieved from <https://www.njsba.org/wp-content/uploads/2021/01/eye-on-the-future-as-districts-monitor-student-mental-health.pdf>
9. Czeisler, M. É, Lane, R. I., Petrosky, E., Wiley, J. F., Christensen, A., Njai, R., . . . Rajaratnam, S. M. (2020). Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. *MMWR. Morbidity and Mortality Weekly Report*.69(32), 1049-1057. doi:10.15585/mmwr.mm6932a1
10. Substance Abuse and Mental Health Services Administration. (n.d.). Double Jeopardy: COVID-19 and Behavioral Health Disparities for Black and Latino Communities in the U.S. (Submitted by OBHE). Retrieved from <https://www.samhsa.gov/sites/default/files/covid19-behavioral-health-disparities-black-latino-communities.pdf>
11. Getachew, Y., Zephyrin, L., Abrams, M. K., Shah, A., Lewis, C., Doty, M. M. (2020, September). Beyond the Case Count: The Wide-Ranging Disparities of COVID-19 in the United States. Retrieved from <https://www.commonwealthfund.org/publications/2020/sep/beyond-case-count-disparities-covid-19-united-states#3>
12. Insider NJ. (2021, January). Greenwald Introduces Legislative Package to Improve Access to Mental Health Care in New Jersey. Retrieved from <https://www.insidernj.com/press-release/greenwald-introduces-legislative-package-improve-access-mental-health-care-new-jersey/>
13. Hernandez, J. (2021, February). Booker Re-Introduces 'M omnibus' Legislation to Improve Black maternal Health Care. Retrieved from <https://why.org/articles/booker-re-introduces-m omnibus-legislation-to-improve-black-maternal-health-care/>
14. New Jersey Division of Consumer Affairs. (n.d.). Mental Health Resources. Retrieved from <https://www.njconsumeraffairs.gov/mental-health-resources/Pages/Mental-Health-Initiative.aspx>
15. Johnson, B. (2021, February). N.J. using \$105M in coronavirus relief to help students struggling with learning, mental health during pandemic. Retrieved from <https://www.nj.com/education/2021/02/nj-using-105m-in-coronavirus-relief-to-help-students-struggling-with-learning-mental-health-during-pandemic.html>
16. Insider NJ. (2021, March). Assembly Advances Bill Package Aimed to Improve Mental Health Services in K-12 Schools. Retrieved from <https://www.insidernj.com/press-release/assembly-advances-bill-package-aimed-improve-mental-health-services-k-12-schools/>