

COVID-19's Impact on Society's Health

First, watch this video: <https://www.youtube.com/watch?v=MUgfOJjAhho>

(The video is also on the lesson page)

Video description:

"Did you know that 88% of people are metabolically unhealthy, including the 75% of Americans that are overweight?"

Abnormal cholesterol, high blood pressure, and high blood sugar are all signs of not being metabolically healthy. This is even more important in the age of COVID-19 because the biggest risk factors for serious disease and death from COVID-19 are being overweight, obese, or suffering from an age-related chronic disease."

Answer these questions:

1. What's the link between COVID-19 deaths and chronic disease and obesity?
2. How much of the US population is overweight versus obese versus healthy?
3. Can someone be thin on the outside but fat on the inside? Explain.
4. How does being fat affect people's ability to receive a vaccine?
5. What is the 10-day detox? (see page 2)

Note: Dr. Hyman is a holistic doctor, so he helps patients heal by fixing their diet rather than giving them pills and surgery. Dr. Mark Hyman didn't explain in the video how to change your metabolic health, but the next page shows a poster that explains his 10-day detox diet. As you can see, it is very similar to the elimination diet we learned in Unit 1.

Second, read the article below about how COVID-19 has affected mental health in the US. Answer these questions:

6. How much has mental illness increased from June 2019 (before the pandemic) to January 2021?
7. Why did people's mental health get worse during the pandemic?
8. Which age group had their mental health most affected by the pandemic? Why?
9. Who are the essential workers, and how did their mental health compare to non-essential workers in the pandemic?

The 10 Day Detox Jump Start Guide

step 2 OUT WITH THE BAD

- **Anything that is not real food**
 - (e.g. anything made in a factory that comes in a can, box or package) unless it is a canned whole food such as sardines or artichokes with only a few real ingredients such as water or salt)
- **Any food or drink that contains added sugar**
 - (including honey, molasses, agave, maple syrup, organic juice or artificial sweeteners) especially sugar-sweetened beverages or fruit juices
- **Anything that contains hydrogenated oils and refined vegetable oils**
 - (like corn or soybean oil)
- **Any foods with artificial sweeteners, preservatives, additives, coloring, or dyes**
 - Basically anything that has a label or is processed in any way
- **Anything sugar or flour based** (cookies, cakes, candies, etc.)
- **Grains**
 - (rice, oats, quinoa) and all foods made from flours (crackers, pasta, bread, pretzels, etc.)
- **Starches** (sweet potato, potato, squash, parsnip, beets, etc.)
- **Beans and legumes**
 - (chickpeas, lentils, peanuts, kidney beans, etc.)
- **Dairy**
 - (yogurt, sour cream, cheese, milk, etc.)
- **Coffee and anything caffeinated**
 - (tea, soft drinks, lattes, etc.)
- **Alcohol**
 - (wine, beer, spirits, etc.)

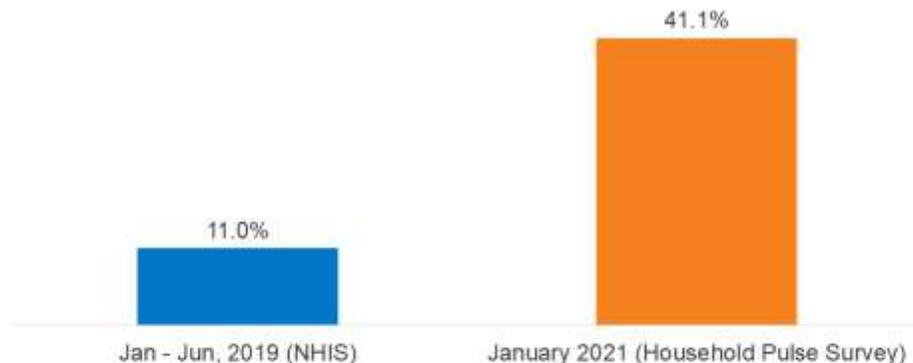
The Implications of COVID-19 for Mental Health and Substance Use | KFF

Nirmita Panchal, Rabah Kamal , Cynthia Cox, and Rachel Garfield
Published: Feb 10, 2021

The COVID-19 pandemic and the resulting economic recession have negatively affected many people’s mental health and created new barriers for people already suffering from mental illness and substance use disorders. During the pandemic, about 4 in 10 adults in the U.S. have reported symptoms of anxiety or depressive disorder, a share that has been largely consistent, up from one in ten adults who reported these symptoms from January to June 2019 (Figure 1).

Figure 1

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>



A KFF Health Tracking Poll from July 2020 also found that many adults are reporting specific negative impacts on their mental health and well-being, such as difficulty sleeping (36%) or eating (32%), increases in alcohol consumption or substance use (12%), and worsening chronic conditions (12%), due to worry and stress over the coronavirus. As the pandemic wears on, ongoing and necessary public health measures expose many people to experiencing situations linked to poor mental health outcomes, such as isolation and job loss.

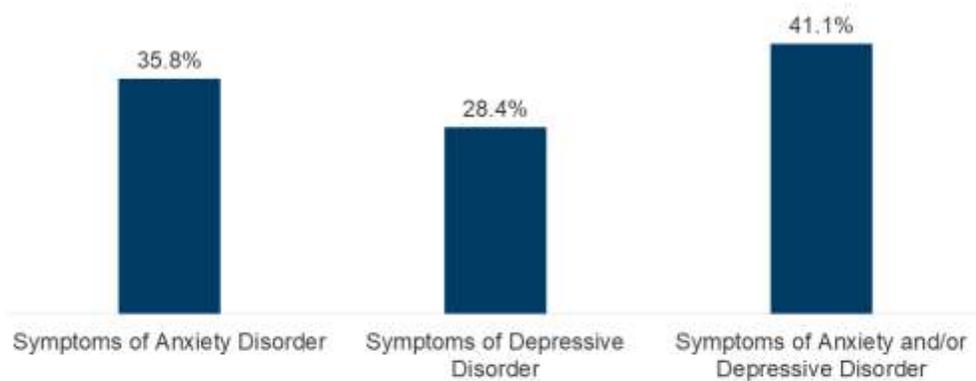
We draw on KFF analysis of data from the Census Bureau’s Household Pulse Survey (an ongoing survey created to capture data on health and economic impacts of the pandemic), KFF Health Tracking Poll data, and data on mental health prior to the COVID-19 pandemic.

1: Impact on Mental Health

Prior to the pandemic, one in ten (11%) adults reported symptoms of anxiety and/or depressive disorder. Nearly one in five U.S. adults (20%) reported having any mental illness. During the COVID-19 pandemic, concerns about mental health and substance use have grown, including concerns about suicidal ideation. In January 2021, 41% of adults reported symptoms of anxiety and/or depressive disorder (Figure 2), a share that has been largely stable since spring 2020.

Figure 2

Share of Adults Reporting Symptoms of Anxiety or Depressive Disorder During the COVID-19 Pandemic



NOTES: These adults, ages 18+, have symptoms of anxiety or depressive disorder that generally occur more than half the days or nearly every day. Data shown is for January 6 – 18, 2021.
SOURCE: U.S. Census Bureau, Household Pulse Survey, 2020 - 2021.



There are a variety of ways the pandemic has likely affected mental health, particularly with widespread social isolation resulting from necessary safety measures. A broad body of research links social isolation and loneliness to both poor mental and physical health. The widespread experience of loneliness became a public health concern even before the pandemic, given its association with reduced lifespan and greater risk of both mental and physical illnesses.

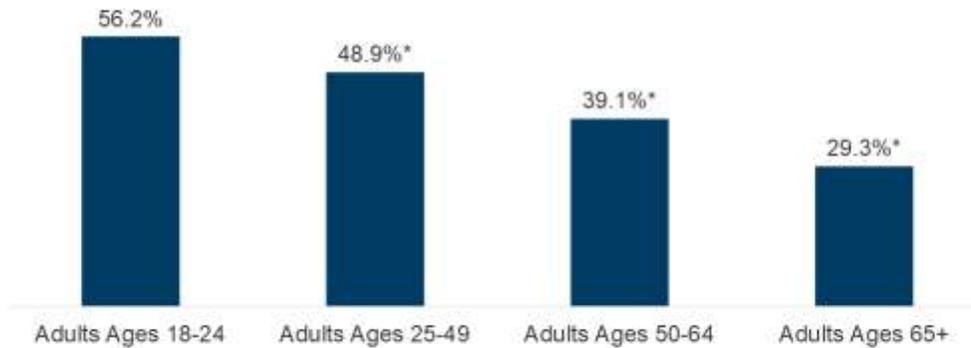
As the COVID-19 pandemic continues, different populations are at increased risk to experience poor mental health and may face challenges accessing needed care.

2: Impact on Young Adults

Young adults have experienced a number of pandemic-related consequences, such as closures of universities and loss of income, that may contribute to poor mental health. During the pandemic, a larger than average share of young adults (ages 18-24) report symptoms of anxiety and/or depressive disorder (56%). Compared to all adults, young adults are more likely to report substance use (25% vs. 13%) and suicidal thoughts (26% vs. 11%). Prior to the pandemic, young adults were already at high risk of poor mental health and substance use disorder, though many did not receive treatment.

Figure 3

Share of Adults Reporting Symptoms of Anxiety and/or Depressive Disorder During the COVID-19 Pandemic, by Age



NOTES: *Indicates a statistically significant difference between adults ages 18-24. Data shown includes adults, ages 18+, with symptoms of anxiety and/or depressive disorder that generally occur more than half the days or nearly every day. Data shown is for December 9 – 21, 2020.
SOURCE: U.S. Census Bureau, Household Pulse Survey, 2020

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3: Impact on Those with Job Loss or Low Income

Research from prior economic downturns shows that job loss is associated with increased depression, anxiety, distress, and low self-esteem and may lead to higher rates of substance use disorder and suicide. During the pandemic, adults in households with job loss or lower incomes report higher rates of symptoms of mental illness than those without job or income loss (53% vs. 32%).

4: Impact on Parents and Children

Research during the pandemic points to concerns around poor mental health and well-being for children and their parents, particularly mothers, as many are experiencing challenges with school closures and lack of childcare. Women with children are more likely to report symptoms of anxiety and/or depressive disorder than men with children (49% vs. 40%). In general, both prior to, and during, the pandemic, women have reported higher rates of anxiety and depression compared to men.

Existing mental illness among adolescents may be worsened by the pandemic, and with many school closures, they do not have the same access to key mental health services. Prior to the pandemic, more than one in ten (16%) adolescents ages 12 to 17 had anxiety and/or depression. Children may experience mental distress during the pandemic due to disruption in routines, loss of social contact, or stress in the household.

Substance use is also a concern among adolescents. Prior to the pandemic, 15% of high school students reported using an illicit drug, and 14% reported misusing prescription opioids. Solitary substance use (as opposed to social use) has increased among adolescents during the pandemic, which is associated with poorer mental health.

Suicidal ideation is yet another major concern for adolescents during the pandemic. While suicide was the tenth leading cause of deaths overall in the U.S. before the pandemic, it was the second leading cause of deaths among adolescents ages 12 to 17.

5: Impact on People of Color

The pandemic has disproportionately affected the health of communities of color. Non-Hispanic Black adults (48%) and Hispanic or Latino adults (46%) are more likely to report symptoms of anxiety and/or depressive disorder than Non-Hispanic White adults (41%). Historically, these communities of color have faced challenges accessing mental health care.

Figure 7

Share of Adults Reporting Symptoms of Anxiety and/or Depressive Disorder During the COVID-19 Pandemic, by Race/Ethnicity



NOTES: *Indicates a statistically significant difference relative to Non-Hispanic White adults at the $p < 0.05$ level. These adults (ages 18+) report symptoms of anxiety and/or depressive disorder generally occurring more than half the days or nearly every day. "Other Non-Hispanic" includes people of other races and multiple races. Data shown are for December 9 - 21, 2020.

SOURCE: KFF analysis of the U.S. Census Bureau Household Pulse Survey, 2020.



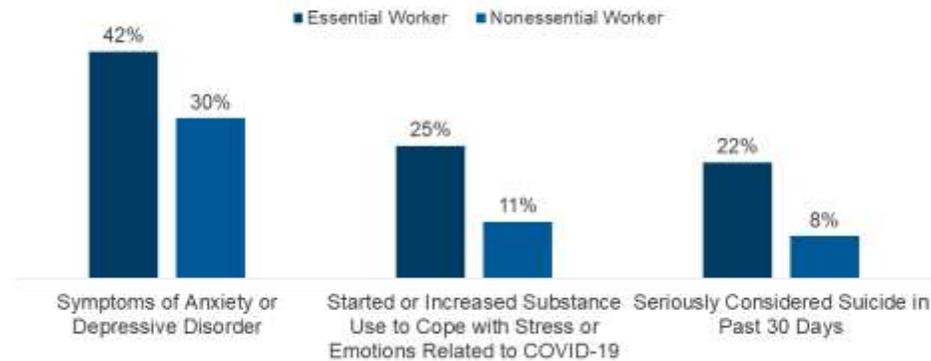
6: Impact on Essential Workers

Essential workers during the COVID-19 pandemic, such as health care providers, grocery store employees, and mail and package delivery personnel, have shown high rates of poor mental health outcomes. These workers are generally required to work outside of their home and may be unable to practice social distancing. Consequently, they are at increased risk of contracting coronavirus and exposing other members of their household.

Compared to nonessential workers, essential workers are more likely to report symptoms of anxiety or depressive disorder (42% vs. 30%), starting or increasing substance use (25% vs. 11%), and suicidal thoughts (22% vs. 8%) during the pandemic.

Figure 8

Among Essential and Nonessential Workers, Share of Adults Reporting Mental Distress and Substance Use, June 2020



NOTES: Data is among adults ages 18 and above. Essential worker status was self-reported.
SOURCE: Czeisler ME, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1049–1057. DOI: <http://dx.doi.org/10.15585/mmwr.mm6923a1>

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Government Response

Throughout the pandemic, leading public health organizations — including the CDC, SAMHSA, the World Health Organization, and the United Nations — have released general considerations and resources addressing the mental health and well-being of both general populations and specific, high-risk groups during the pandemic. In the U.S., some steps have been taken at both the federal and state levels to address the pandemic’s impact on mental health, but with mental health problems on the rise, key issues are likely to persist.

Congress has addressed some of the acute need for mental health and substance use services through two stimulus bills enacted during the pandemic: *The Consolidated Appropriations Act* and the *Coronavirus Aid, Relief, and Economic Security Act*. Other efforts to address mental health needs include substantial increases in the use of telehealth for mental health services, aided early on by the federal government and many states expanding coverage and relaxing regulations for telehealth services.

Looking Ahead

The pandemic has both short- and long-term implications for mental health and substance use, particularly for groups at risk of new or exacerbated mental health disorders and those facing barriers to accessing care. Phased COVID-19 vaccinations are taking place across the country, perhaps signaling that the end of the pandemic is on the horizon. However, many of the stressful conditions employed to mitigate the spread of the coronavirus are likely to persist for the near future, given the slow and troubled rollout of vaccinations across the country, instances of people refusing the vaccine due to fear or uncertainty, and the need for vaccinated people to continue taking existing precautions to mitigate the outbreak.

History has shown that the mental health impact of disasters outlasts the physical impact, suggesting today’s elevated mental health need will continue well beyond the coronavirus outbreak itself. As policymakers continue to discuss further actions to alleviate the burdens of the COVID-19 pandemic, it will be important to consider how the increased need for mental health and substance use services will likely persist long term, even if new cases and deaths due to the novel coronavirus subside.