

MOODS

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Study Reveals Adults With Mental Disorders Are At Significantly Higher Risk of COVID-19 and Have Poorer Outcomes

A systematic study based on the health histories of over 61 million American adults has found that people with a recent diagnosis of a mental disorder have a significantly increased risk for COVID-19 infection and tend to have worse outcomes than people infected with COVID-19 who don't have a mental disorder.

"Recent diagnosis" in the study was defined as within the last year. Those recently diagnosed with depression had the greatest risk of COVID infection, followed by those recently diagnosed with schizophrenia.

For those recently diagnosed with a mental disorder who also contracted COVID-19, the death rate was 8.5%, far above the 4.7% death rate in COVID-19 patients in the study with no mental disorder.

The study showed that the negative impacts of COVID/mental health co-morbidities

(Continued on page 3)

The Holiday Season in 2020

By Li Faustino, PhD

Every year the holidays present challenges to people with mood disorders. In myriad ways, the end of the year, starting after Halloween and going through New Year's Day (and some might argue, Valentine's Day) bring several traditions that carry possible stressors.

People with mood disorders are just as vulnerable to these stressors as anyone

Stressors include family gatherings, travel, financial status, relationship status, substance abuse, and weather.

else. But all the components of stress impact each of us in different ways. We can keep in mind that what may cause stress in some are associated with health and tension-reduction for others. A good example of this is family gatherings. For many, being around family is supportive, cuts down on isolation, they eat better food, interact more and connect with others. However, for some, family get-togethers are

highly toxic and critical and lead to more isolation and maybe increased substance use. Now, let's factor in the pandemic. Some families cannot or will not gather due to building risk numbers. This might be helpful for some but a huge loss for others. Some families will agree or disagree on what to do about their holiday gatherings. This, itself, may turn what is normally a nice gathering into a problematic one filled with strife.

The variables that tend to come up during the holidays are:

- family gatherings (are they helpful or stressful or a little of both?)
- travel (does travel make you uneasy or do you prefer a change in scenery?)
- financial status (Can you afford presents, cooking, travel?)
- relationship status (Is your family critical of your partner or lack of one?)
- substance abuse (Does your family drink together or use other substances, does the stress bring about more usage?)
- weather (does the cold weather or shorter days affect your mood?)

One of the best things we can do is to know ourselves and

(Continued on page 2)

The Holiday Season in 2020

(Continued from page 1)

take steps toward as much self-care as possible. It can only help to know what helps you and what hurts you. Understandably, we cannot always extract ourselves from every stressful situation, but we can take steps to modify them so they are better for us or supplement our self-care rituals further. For instance, if you have no choice but to be alone on thanksgiving, set up more activities for yourself that you usually enjoy such as walking, support groups, or art projects. The same can apply if you have no choice but to see family you do not want to see. Can you sandwich your holiday gathering with other more relaxing activities?

One of the most valuable processes that occurs in MDSG support groups is that people share their individual stories. It can be helpful to know that your own experience is similar to others and feel connected by these experiences instead of alone. It also helps with perspective. Perspective is usually tricky because people who are depressed often feel that if others "have it worse," then they feel guilty for suffering themselves if their situation is not as bad. They feel bad about feeling bad. One benefit of this happening within a support group environment is that since others in the group do it, they often recognize when someone is doing this to themselves and they can address it with something vali-

dating. They may let that person know that every level of emotion is relevant. They usually tell others that it is ok to feel bad about their family even if someone else's family seems worse. In other words, the spiral of guilt (I feel bad and now I feel bad about feeling bad) is likely to get broken in the support group because people are validating each other in the moment.

In many ways, the holidays this year promise to look different from any other year due to the pandemic. For many, there will not be any gatherings. Whether or not this is a positive thing for you, it is best to take measures as you would for any other challenge in your life. Keep up routines, keep as interactive as possible, whether it is outside with friends or virtual with friends or support groups. Keep up with or start any form of exercise and movement, watch your sleep and try to stay on schedule, watch your eating and be mindful about eating when hungry and stopping eating when you are not hungry. Lastly, keep all your doctor and therapy appointments, not only for checking in about symptoms and keeping structure, but also because processing emotions from challenging situations with mental health professionals is often more helpful than keeping it all inside.

Li Faustino is Chair of the MDSG Board.

Item of Interest

HealthyPlace.com. "Mental Health Stigma Is Easier Than Compassion." Have you ever thought about how easily people seem to stigmatize others for their mental health struggles? The words are part of commonplace conversation and the way people with mental illness are treated is almost commonplace behavior. It doesn't take effort to participate in stigma. <https://www.healthyplace.com/blogs/survivingmentalhealthstigma/2020/7/mental-health-stigma-is-easier-than-compassion>

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(Continued from page 1)

were most pronounced in African-Americans and women. Among people with a recent diagnosis of mental disorder, African-Americans were found to have a higher COVID-19 infection risk than Caucasians. Women with chronic or recent mental disorder diagnoses were more likely to be infected with COVID-19 than men.

The study was led by Nora Volkow, M.D., Director of the NIH's National Institute on Drug Abuse (NIDA). She is a member of the BBRF Scientific Council.

Her team examined electronic health records of 61.7 million Americans aged 18 or over, 11.2 million of whom (18%) had a lifetime diagnosis of a mental disorder—recently, within the last year, or prior. A total of 1.3 million in the database had a recent mental health diagnosis. Within the same set of 61.7 million people, 15,110 had been infected with the COVID-19 virus, and 5,450 of these individuals (36%) had a lifetime mental health diagnosis; of these, 3,430 were diagnosed within the last year. It was in this latter group—recently diagnosed and contracting COVID—that the death rate was 8.5%.

Importantly, the study, which appeared in the journal World Psychiatry, was designed to reveal correlations, but is not

able to judge causality. Nevertheless, Dr. Volkow commented that “the proper control and management of mental disorders is one factor that will [tend to prevent] COVID-19 infection. If you're delusional or hallucinating, you're less likely to follow public health interventions. If you're depressed, you may be unmotivated or you may not care.”

In their paper, Dr. Volkow and colleagues identify individuals with mental disorders as a “highly vulnerable population for COVID-19 infection.” They note that those with mental illness have “life circumstances that place them a higher risk for living in crowded hospitals or residences, or even in prisons,” environments in which infections can spread rapidly. Also, “people with serious mental illnesses are likely to be socioeconomically disadvantaged,” a fact which “might force them to work and live in unsafe environments. Homelessness and unstable housing may affect their ability to quarantine. Stigma may result in barriers to access to healthcare for patients infected with COVID-19, or make them reluctant to seek medical attention for fear of discrimination.”

The team also noted that “higher sensitivity to stress, common among patients with mental disorders, will make it harder for them to cope with the uncertainties, iso-

lation, and economic challenges linked with the COVID-19 pandemic—increasing their risk for relapse and disease exacerbation.”

Yet another factor which may help explain the unique risks faced by those with mental disorders who contract COVID-19 is the increased likelihood that they suffer another major medical comorbidity such as heart disease, diabetes, COPD (lung disease), or substance-use disorders. All of these can contribute to greater severity and poorer outcomes in people who contract the virus.

The researchers suggest that overlapping biological factors may also be implicated. One example is elevated inflammation in the body, which not only can exacerbate COVID response but is also suspected of contributing, in at least some cases, to causality in depression, schizophrenia, and bipolar disorder.

Dr. Volkow and colleagues express the hope that their results will highlight “the need to recognize and address modifiable vulnerability factors and prevent delays in the provision of health care” in people with psychiatric disorders who are infected with the COVID-19 virus.

Drs. QuanQiu Wang and Rong Xu of Case Western Reserve University were co-authors of the paper.

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