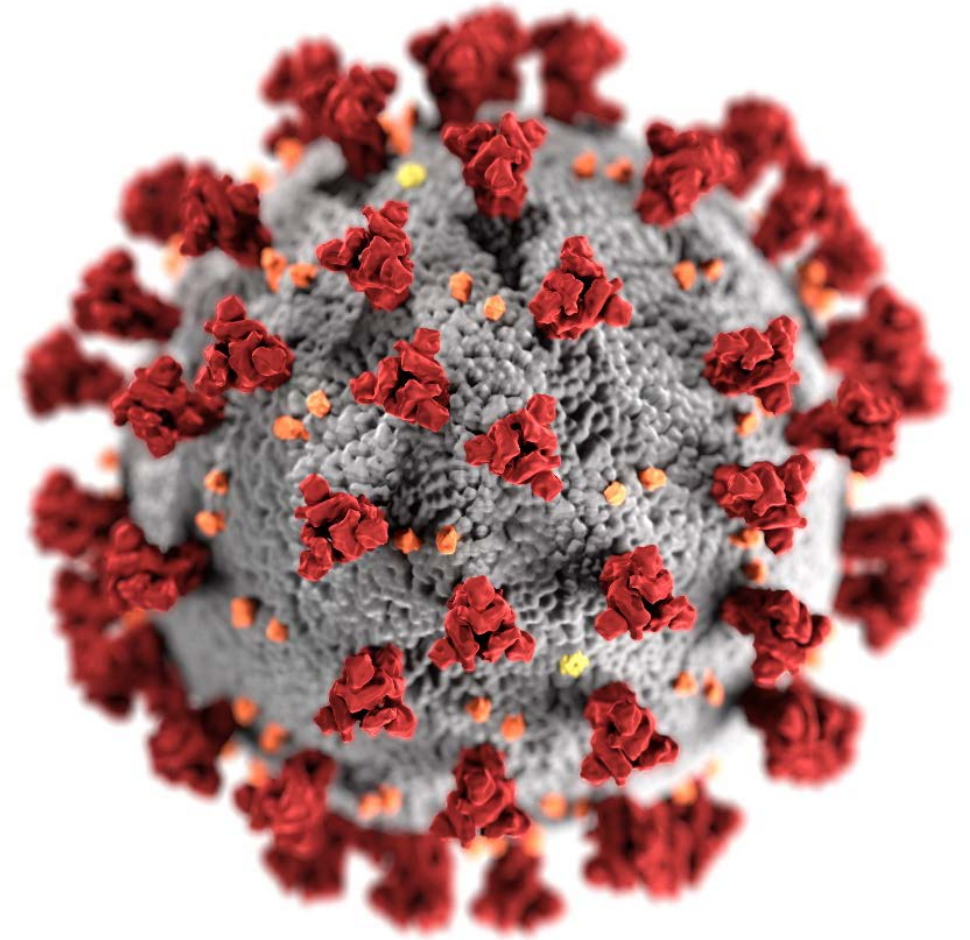


Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020

October 05, 2020



cdc.gov/coronavirus

Mental and Behavioral Health During the Pandemic

During late June, 40% of U.S. adults reported struggling with mental health or substance use*

ANXIETY/DEPRESSION SYMPTOMS



STARTED OR INCREASED SUBSTANCE USE



TRAUMA/STRESSOR-RELATED DISORDER SYMPTOMS



SERIOUSLY CONSIDERED SUICIDE†



*Based on a survey of U.S. adults aged ≥18 years during June 24–30, 2020

†In the 30 days prior to survey

For stress and coping strategies: bit.ly/dailylifecoping

CDC.GOV

bit.ly/MMWR81320

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Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020

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The coronavirus disease 2019 (COVID-19) pandemic has been associated with mental health challenges related to the morbidity and mortality caused by the disease and to mitigation activities, including the impact of physical distancing and stay-at-home orders.* Symptoms of anxiety disorder and depressive disorder increased considerably in the United States during April–June of 2020, compared with the same period in 2019 (1,2). To assess mental health, substance use, and suicidal ideation during the pandemic, representative panel surveys were conducted among adults aged ≥18 years across the United States during June 24–30, 2020. Overall, 40.9% of respondents reported at least one adverse mental or behavioral health condition, including symptoms of anxiety disorder or depressive disorder (30.9%), symptoms of a trauma- and stressor-related disorder (TSRD) related to the pandemic[†] (26.3%), and having started or increased substance use to cope with stress or emotions related to COVID-19 (13.3%). The percentage of respondents who reported having seriously considered suicide in the 30 days before completing the survey (10.7%) was significantly higher among respondents aged 18–24 years (25.5%), minority racial/ethnic groups (Hispanic respondents [18.6%], non-Hispanic black [black] respondents [15.1%]), self-reported unpaid caregivers for adults[‡] (30.7%), and essential workers[§] (21.7%).

*<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC711101/>

[†] Disorders classified as TSRDs in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* include posttraumatic stress disorder (PTSD), acute stress disorder (ASD), and adjustment disorders (ADs), among others.

[‡] Unpaid adult caregiver status was self-reported. The definition of an unpaid caregiver for adults was a person who had provided unpaid care to a relative or friend aged ≥18 years to help them take care of themselves at any time in the last 3 months. Examples provided included helping with personal needs, household chores, health care tasks, managing a person's finances, taking them to a doctor's appointment, arranging for outside services, and visiting regularly to see how they are doing.

[§] Essential worker status was self-reported. The comparison was between employed respondents (n = 3,431) who identified as essential versus nonessential. For this analysis, students who were not separately employed as essential workers were considered nonessential workers.

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Continuing Education examination available at https://www.cdc.gov/mmwr/mmwr_continuingEducation.html

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm>



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

COVID-19 Outbreak Public Evaluation (COPE) Initiative

Study Design and Survey Items

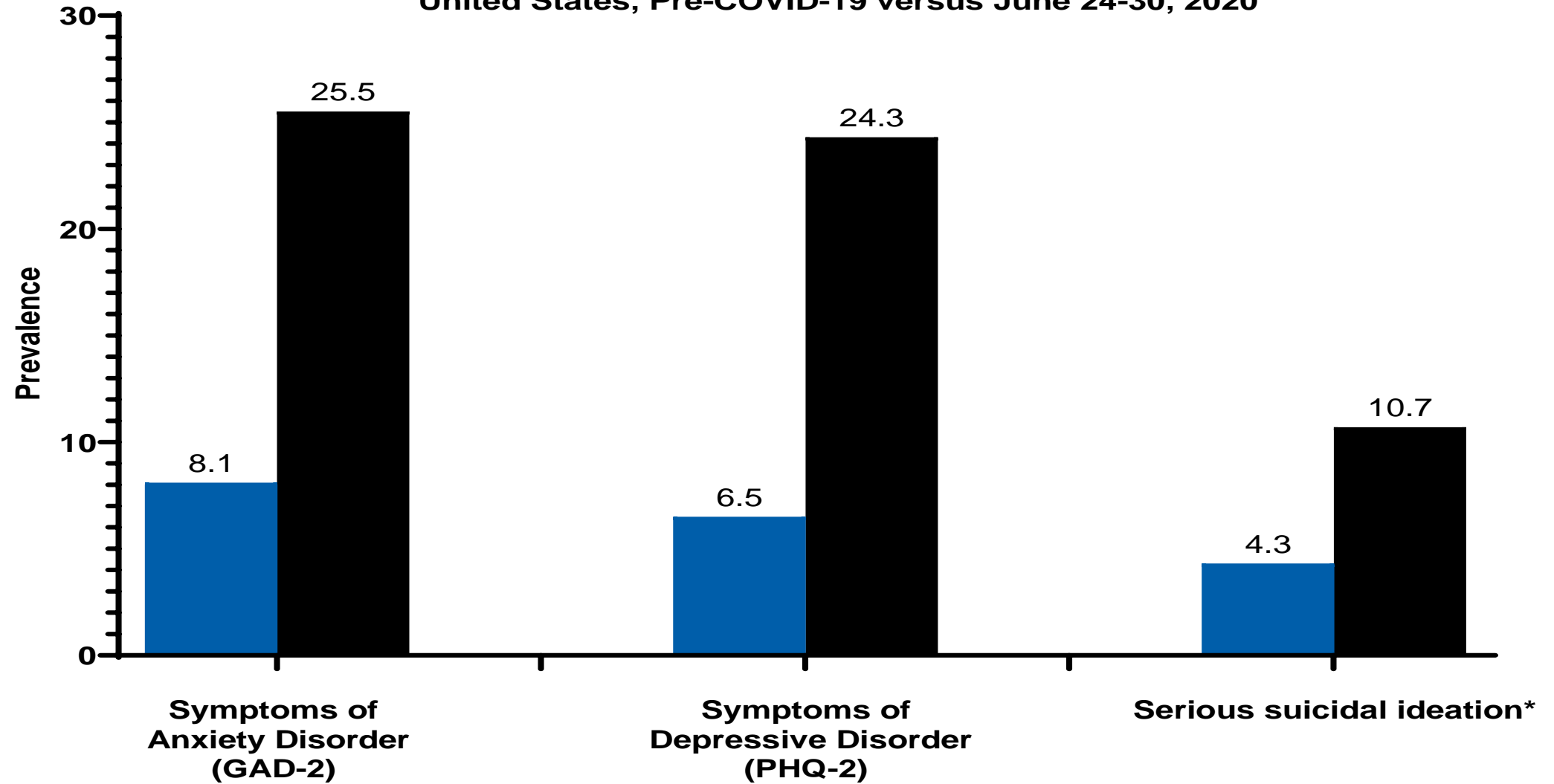
- Cross-sectional analysis of **5,412 U.S. adult respondents** to a survey administered during June 24-30, 2020
- Longitudinal analysis of **1,497 U.S. adult respondents (subset of total respondents)** who also completed related surveys during April 2-8 and May 5-12, 2020.
- **Mental & behavioral health:**
 - Symptoms of anxiety disorder: GAD-2
 - Symptoms of depressive disorder: PHQ-2
 - Symptoms of a trauma- and stressor-related disorder: IES-6
 - Started or increased substance use to cope with stress or emotions related to COVID-19
 - Serious suicidal ideation in previous 30 days

Recruitment and Sampling Methods

- **Qualtrics LLC**, a commercial web-based survey provider, administered surveys and served as data provider
- **Non-probability quota sampling and survey weighting were employed to improve representativeness of the sample**
 - Quotas set on age, gender, race and ethnicity based on 2010 U.S. Census data
- **Potential respondents invited from network of Qualtrics participant pools**
 - Hundreds of suppliers
 - Various recruitment methodologies



Comparison of Prevalences of Anxiety or Depressive Disorder and Suicidal Ideation Among Adults United States, Pre-COVID-19 versus June 24-30, 2020



*Black: June 24-30, 2020 (in past 2 weeks)
*Blue: April-June 2019 (in past 2 weeks)

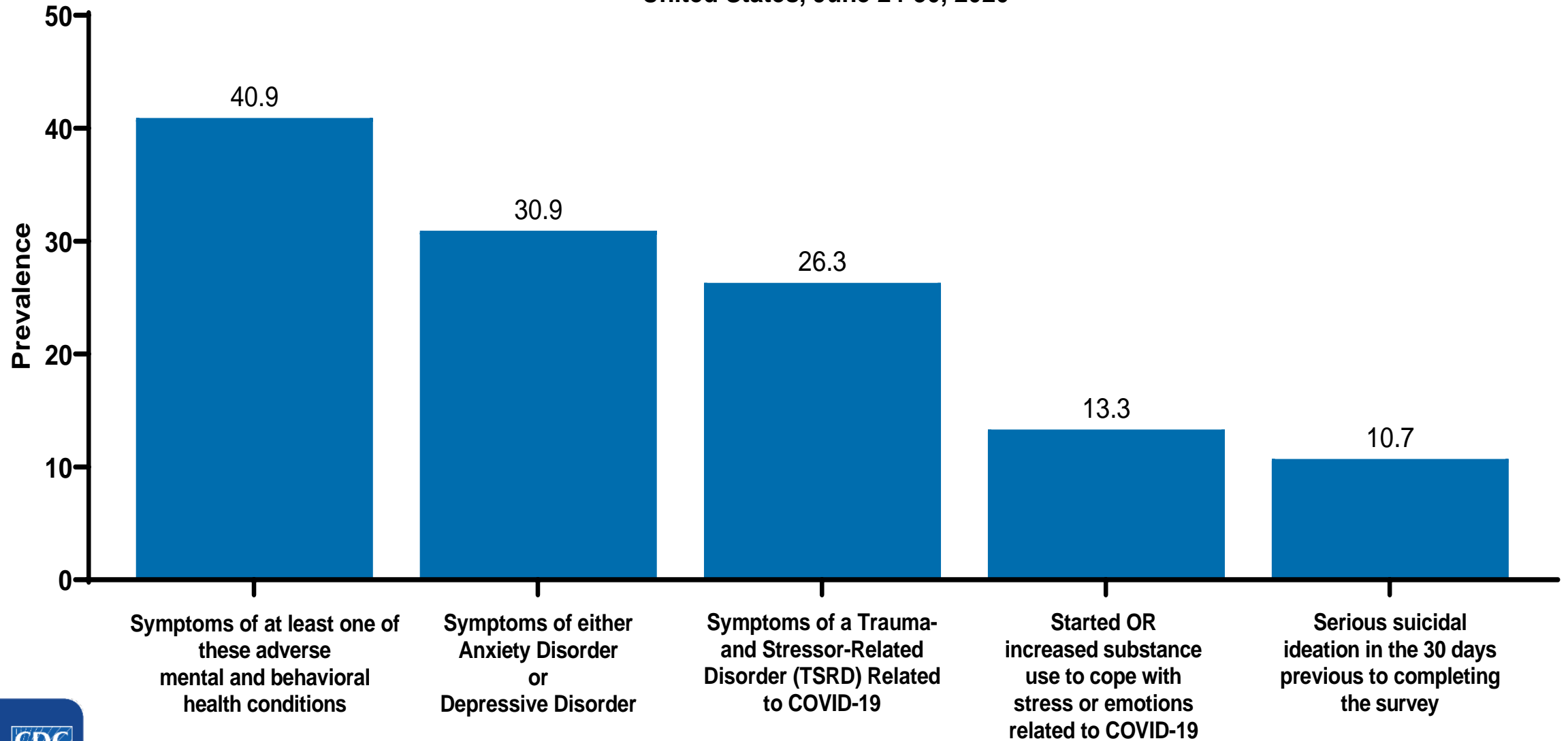
*Black: June 24-30, 2020 (in past 2 weeks)
*Blue: April-June 2019 (in past 2 weeks)

*Black: June 24-30, 2020 (in past 30 days)
*Blue: 2018 (in past 12 months)

Data Source: COPE Initiative, (n= 5,412)



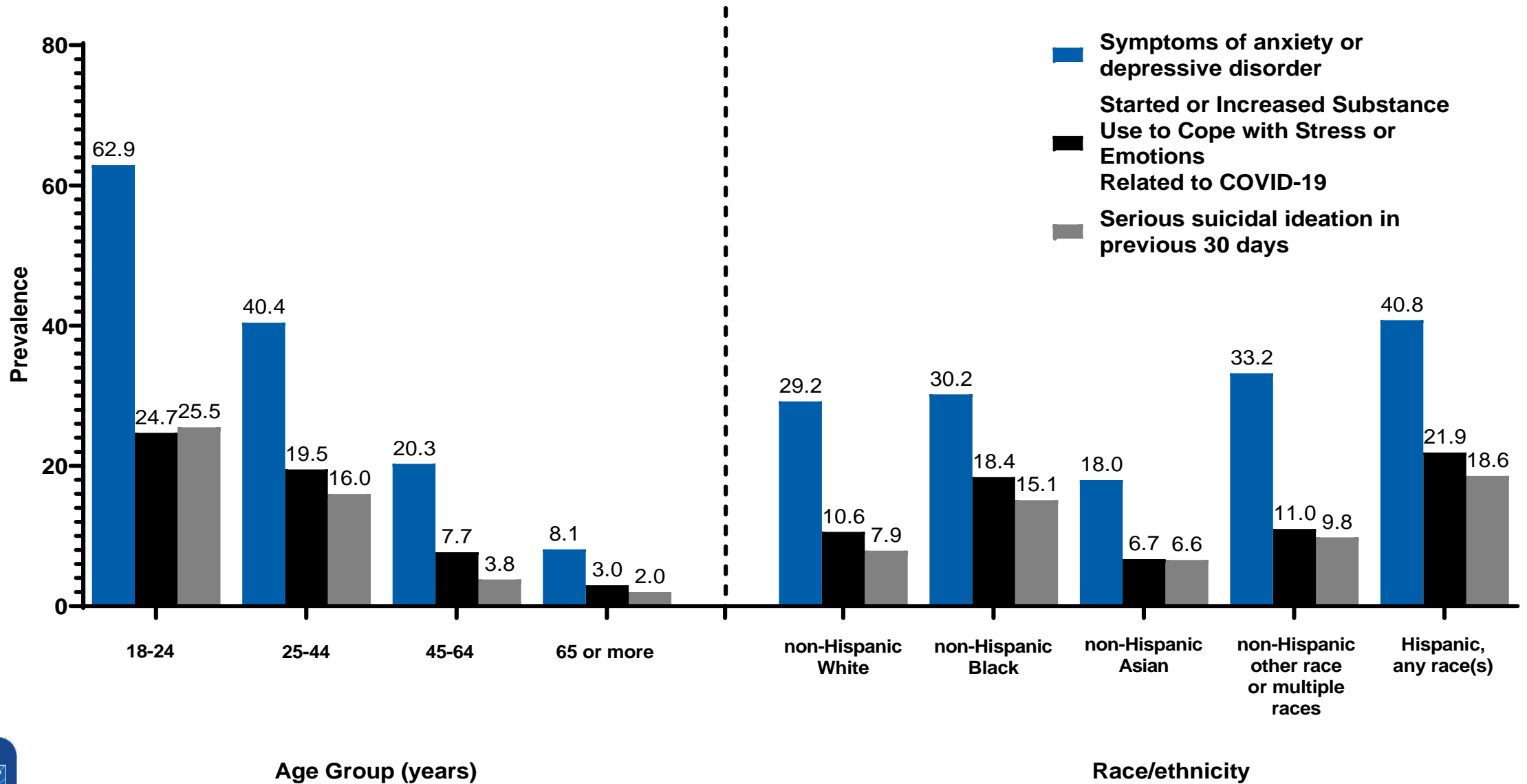
Adverse Mental and Behavioral Health Symptoms Among 5,470 Adults United States, June 24-30, 2020



Data Source: COPE Initiative, (n= 5,412)



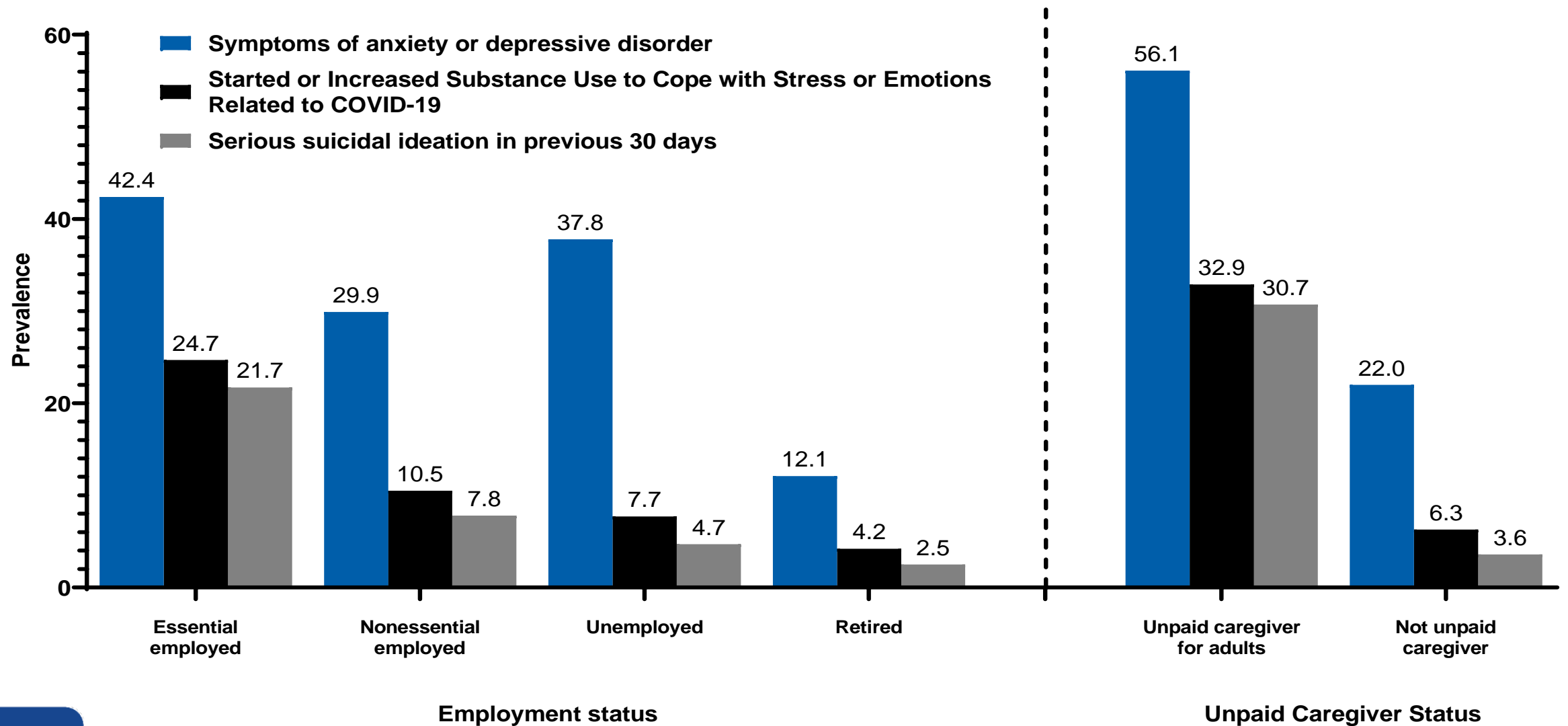
Prevalence of Anxiety or Depressive Disorder and Suicidal Ideation by Age and Race/Ethnicity
United States, June 24-30, 2020



Data Source: COPE Initiative, (n= 5,412)



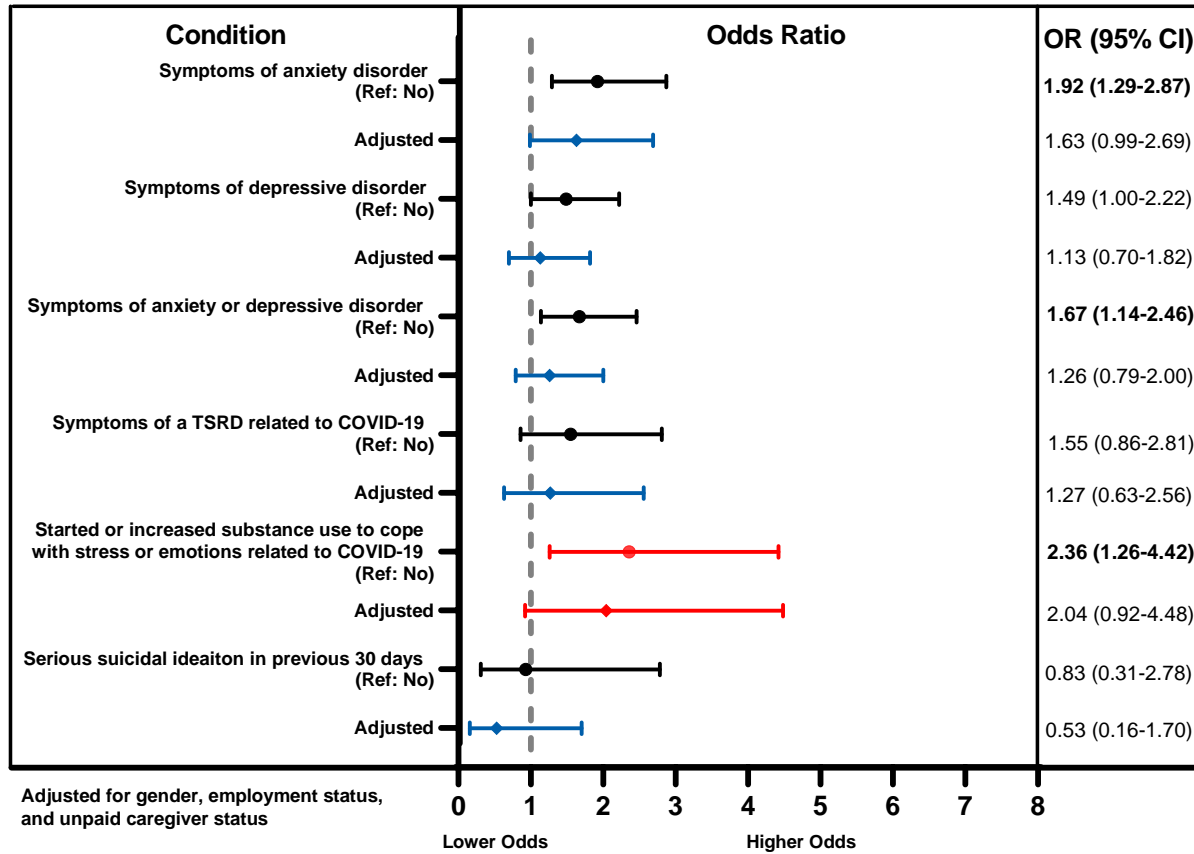
Prevalence of Anxiety or Depressive Disorder and Suicidal Ideation by Employment and Caregiving Responsibilities
 United States, June 24-30, 2020



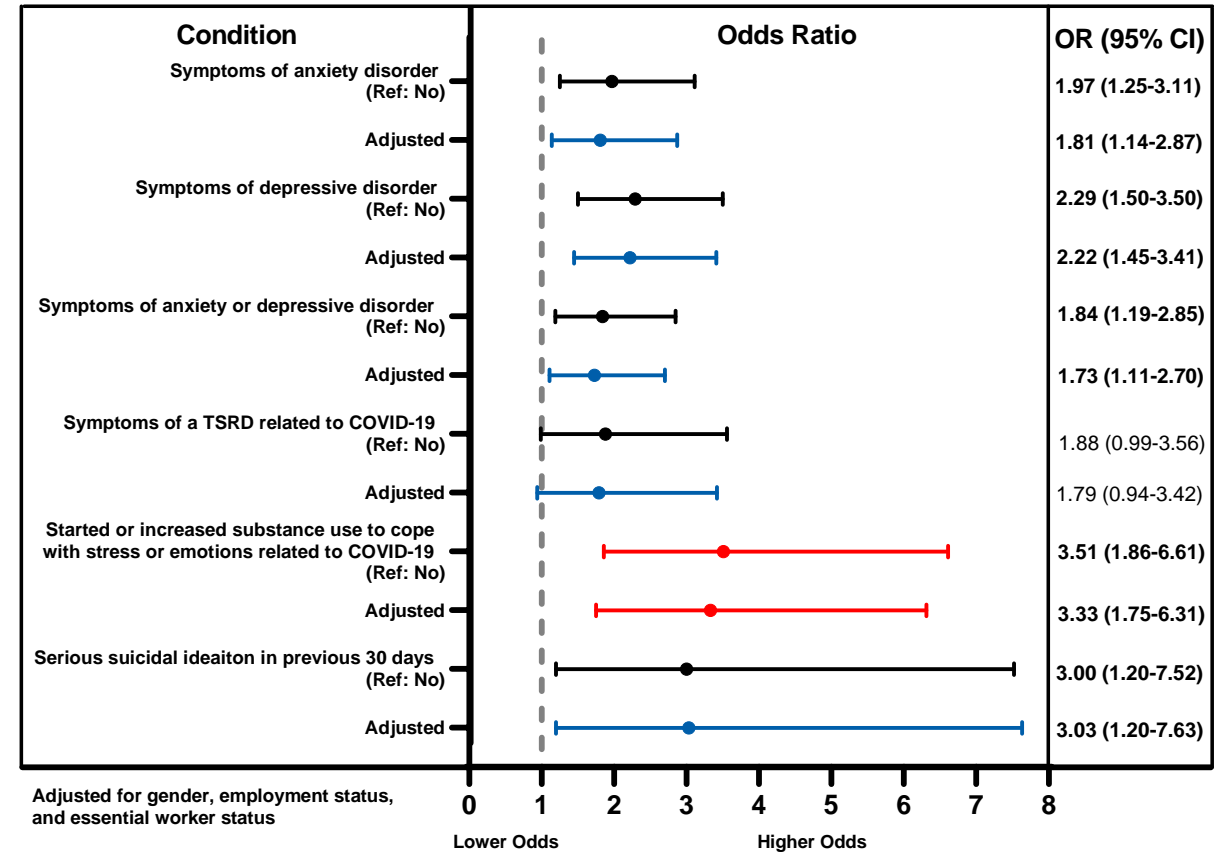
Data Source: COPE Initiative, (n= 5,412)

Adverse Mental & Behavioral Health Symptoms Among Essential Workers and Unpaid Caregivers for Adults

Essential Workers



Unpaid Caregivers for Adults



Data Source: COPE Initiative, (n= 1,497)

Key Discussion Points

- Broad impact of the pandemic—there is a need to address mental health, substance use and suicidal ideation
- Communication strategies
 - promotion of health services
 - culturally and linguistically tailored prevention messaging
- Prioritize young adults, racial/ethnic minorities, essential workers, and unpaid adult caregivers.



Recommendations

- Support systems to mitigate adverse mental and behavioral health conditions
- Expanded use of telehealth
- Community-level intervention and prevention
 - strengthening economic supports,
 - addressing stress from experienced racial discrimination,
 - promoting social connectedness,
 - supporting persons at risk for suicide
 - harm reduction services



For People Who Use Drugs or Have a Substance Use Disorder

- Some useful harm reduction strategies during the pandemic include:
 - Avoid sharing drug-use equipment
 - Use small amounts of a drug at a time
 - Tell a friend or family member when and where you will be using and ask them to check in on you at specific times
- Ask your doctor if they can offer treatment or refer you to another treatment program with telehealth options such as online meetings or visits

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/other-at-risk-populations/people-who-use-drugs/QA.html>



For Medical Professionals

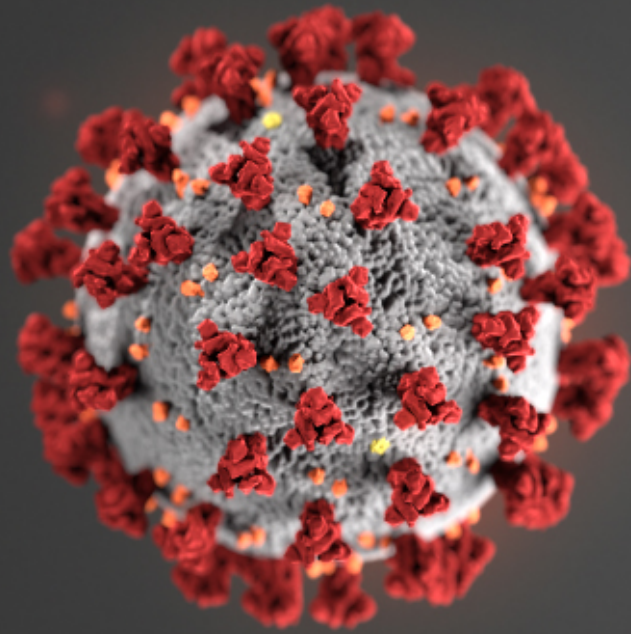
- Screen all adult patients for excessive drinking
- Advise patients who screen positive for drinking too much to drink less
- Screen all adults for substance use
- Consider becoming a buprenorphine waivered practitioner
- Consider expanding telehealth options



Mental Health Resources

- Disaster Distress Helpline
 - <https://www.samhsa.gov/disaster-preparedness>
 - 1-800-985-5990 (press 2 for Spanish), or text TalkWithUs for English or Hablanos for Spanish to 66746. Spanish speakers from Puerto Rico can text Hablanos to 1-787-339-2663.
- Substance Abuse and Mental Health Services Administration National Helpline
 - <https://www.samhsa.gov/find-help/national-helpline>
 - 1-800-662-HELP, or TTY 1-800-487-4889.
- National Institute on Alcohol Abuse and Alcoholism alcohol treatment navigator
 - <https://alcoholtreatment.niaaa.nih.gov/>
- National Suicide Prevention Lifeline
 - <https://suicidepreventionlifeline.org/>
 - 1-800-273-TALK for English, 1-888-628-9454 for Spanish, or Lifeline Crisis Chat





For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

