

Doctors predict global mental health crisis to persist post-pandemic

Ben Oliver
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The mishandling of the emergence of SARS-CoV-2 by ruling elites around the world has resulted in a pandemic of mass suffering, death and dislocation. The University of Washington's Institute for Health Metrics and Evaluation model predicts that 630,000 Americans will die from the coronavirus by the end of May. The greatest burden has fallen on the most vulnerable. Effective control measures have been eschewed for policies that keep profits flowing for the rich. The nightmare this has created is having a lasting negative impact on the mental health of untold numbers of Americans and people internationally.

According to a recent survey of doctors worldwide, most believe that widespread adverse effects on mental health will persist when the pandemic subsides. The survey, conducted by Sermo, an international social media platform for doctors, found that 86 percent of 3,334 doctors from 24 countries believe that the most significant non-virus-related public health issue will be mental health and depression.

The declining mental health caused by the pandemic has been clearly demonstrated by scientific data. Forty-two percent of respondents to a December 2020 Centers for Disease Control and Prevention survey reported depression or anxiety. That number increased from 11 percent in 2019. A recent Gallup poll shows that mental health in America is at its lowest point in two decades, a period of time which includes the assaults on democracy of the stolen election of 2000, the Patriot Act, and the social havoc wreaked by the 2008 Great Recession.

The mental health impacts of the pandemic are significant and widespread, but it is the working class, health care workers and youth who are most affected. In the UK, it has been shown that members of the working class are the most likely to die from the virus. Investigators point to decades of social austerity for the high rates of mortality and economic depression in

England compared to the rest of the European Union.

As the virus is allowed to spread rampantly, health care workers assume a great psychological burden. While they confront a dangerous novel pathogen, and the media lauds them as "heroes," they are vastly under-resourced and overworked. Although this will come as no surprise to health care workers, the risk factors most closely associated with their poor mental health are increased workloads, insufficient PPE and fear of close contact with the disease. Wherever transmission occurs, these three factors are ever-present for this section of workers.

For young people, the pandemic came at a time when economic recession and climate change presented a bleak future. Increasing uncertainty, financial instability and the loss of social connections have led to a staggering decline in mental health. In the UK, a 2020 follow-up to a 2017 study of 3,500 young people ages 5–16 showed an increase in self-reported depression and anxiety, from one in nine, to one in six, a 50 percent increase. Among patients recently screened by psychologists, 40 percent are in need of psychiatric intervention, as determined by an increase in self-harm and suicidality. This represents a threefold increase. Before the pandemic, only 10 percent needed psychiatric intervention.

If and when people can safely return to work, school and social engagement, many will be "coming up for air." Speaking to the *New York Times*, clinical psychologist Luana Marques, of the Harvard Medical School, expressed what the majority of doctors surveyed by Sermo might say, that the increased numbers of those suffering from depression and anxiety will not "go back to baseline anytime soon." She cited a study of New York residents and first responders grappling with psychological turmoil 14 years after the attacks of 9/11. Out of 36,000 respondents, 14 percent reported post-traumatic stress disorder, and 15 percent reported depression, double and triple the rates in comparable

populations.

Just as the capitalist health system was not prepared for the medical disaster of the virus, it is not prepared for the coming mental health disaster. Chief medical officer of the National Alliance on Mental health, Ken Duckworth, told the *Times* that while it only takes months for mental health services demand to “skyrocket,” it takes years to train new providers. To make matters worse, community health centers, which typically provide behavioral care for the uninsured, of which a disproportionate number are working class and minorities, are struggling to remain financially solvent due to decreasing revenue.

A majority of the doctors surveyed by Sermo believe that the most significant public health issue directly related to the pandemic will be its long-term side effects. In addition to the known impacts of the virus on the respiratory and cardiovascular systems, there is growing evidence that the virus has neurological and psychiatric impacts as well.

Patients referred to as “long-haulers” suffer from a host of complications, which include fatigue, brain fog, depression and insomnia. Anecdotes include patients who couldn’t remember their partner’s name or how to dress. Of the 3,800 members of Body Politic, an online community for long-term COVID-19 survivors, 85 percent experience some kind of cognitive dysfunction, and 81 percent report neurological symptoms.

Even more chilling is the link between COVID-19 and psychosis. In a UK study of 153 patients who presented with cerebrovascular or neuropsychiatric symptoms, 10 experienced new-onset psychosis. This study confirms the experience of doctors who have encountered this phenomenon well after patients recovered from relatively mild bouts of COVID-19 that included neurological symptoms. There was the Long Island mother, who, months after recovering from relatively mild symptoms, started hearing a voice that told her to kill her children and herself; a construction worker in New York City who attempted to strangle his cousin in his sleep because he believed his cousin was going to murder him; and a British woman who started seeing monkeys and lions and believed one of her family members to be an imposter.

Researchers theorize that the body’s immune response to the virus may be the cause of neurological and psychiatric symptoms, as some immune substances can cross the blood-brain barrier and act as neurotoxins. This response may be unable to shut down in some patients as the body tries to rid itself of lingering amounts of the virus.

Cases of psychosis are a small proportion of people who have had COVID-19. However, like Dr. Anthony Fauci said about “long-haulers,” given the widespread infection rates, even a small proportion of cases will translate into a significant public health issue. Possibly hundreds of thousands of people will be affected, according to one Johns Hopkins expert.

The impacts on mental health of the pandemic, both directly and indirectly related to the virus, are a result of the “herd immunity” policy of the ruling class. The decision to let the virus run rampant in order to maintain profits for Wall Street is the immediate cause of widespread transmission and social havoc.

A study by Columbia University found that spring lockdowns, including school closures, in New York City decreased transmission by 70 percent. Public health measures limiting the spread of the virus would in turn limit disease, death and its attendant mental health issues. A UK study demonstrated that high levels of anxiety and depression at the outset of the pandemic were lessened by the nationwide lockdown. Contrary to what has been reported by the media, lockdowns, including the cessation of in-person classes for schoolchildren, are not only highly effective, they alleviate mental health suffering. School and government authorities have seized on the mental health crisis among children caused by the pandemic in an effort to herd them back into unsafe schools, subjecting students, teachers and their families to increased transmission of the virus, disease and misery.

The mental health catastrophe predicted by doctors in the Sermo survey speaks to the stark contrast between the capitalist program and the socialist program in a public health disaster. The socialist program places a priority on social good and therefore calls for all measures to stop the spread of the virus, whereas the capitalist program is recklessly pushing for the economy to be completely reopened, which will only exacerbate the pandemic. The capitalist program follows the logic of profit, whereas the socialist program follows the advice of science. A rational approach that prioritizes the preservation of life, including lockdowns to stop transmission and financial support for all affected, would serve to significantly limit the mental health impact of the coronavirus.



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