

The silent pandemic:

Stories of mental health in a COVID-19 world



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The COVID-19 pandemic has altered virtually every aspect of our lives. It has caused mortality at devastating levels, with the death toll at more than 6 and a half million as of November 2022.¹ The recession due to COVID is one of the worst the world has seen since World War II.² Millions of people have lost jobs, housing, and food as a direct result of the pandemic.³ In health care, COVID has caused professionals to work under unparalleled levels of stress with a shortage of both workers and supplies.⁴

The pandemic has also caused many to suffer in unseen ways. Following are three stories:

- One is a fictionalized portrayal of a friend; and
- Two are from strangers that I read about and have recounted their stories.

When health care fails its own

From a June 23, 2021 article in *Vox*, Dr. Scott Jolley was an Emergency Department physician in Salt Lake City, UT.⁴ Approaching 60 years of age, he was feeling burnt out and ready to retire. However, the arrival of COVID-19 forced him to do the exact opposite. Thrown into his work like never before, Jolley found his anxiety issues spiraling out of control. He spent every waking moment either in the hospital worrying about the number of patients on ventilators, or at home worrying about exposing his family to the virus. His wife wasn't used to seeing him in this state as he was always the one with all the answers, the one everyone turned to in a crisis. When Jolley decided to ask his hospital for advice on managing anxiety, he was told to, "grin and bear it."⁴

In August 2020, after months of asking for help and/or early retirement, Jolley was forced to take an unpaid sabbatical to manage his mental health. Fearing loss of licensure and other repercussions if his co-workers learned about his mental health issues, Jolley did his best to keep his struggles hidden. In November, he was diagnosed with post-traumatic stress disorder (PTSD) and was started on numerous medications. While these seemed to help a bit, they also left him more agitated and fatigued.⁴

In February 2021, Jolley was admitted to the psychiatric unit at his own hospital for attempted suicide. Being taken care of by the same colleagues from whom he tried to hide his condition—and, not to mention, the demeaning clothes and lack of privacy he was given in the unit—was an "immense source of stress and shame."⁴

On February 19, after being discharged from the hospital, Jolley died by suicide.⁴

Isolated in addiction

From a January 4, 2021, *New York Times* article, Jackie Ré runs a substance use disorder facility in New Jersey.⁵ In March 2020, when she broke the news to her 12 residents that the center was quarantining due to COVID, there was an outcry. Substance dependence is a disease of isolation,

and isolation often drives substance use, creating a vicious cycle. Being locked in a facility for the foreseeable future with no outside contact exacerbated these feelings.⁵

For those who stayed, circumstances were less than ideal. After a staff member tested positive for COVID-19, all programming transitioned to virtual platforms. Despite everyone being in the same building, residents were locked in their rooms with meals delivered to their doors. Counseling sessions were conducted via Zoom.⁵

Many other facilities and non-residential programs across the country adopted this style of counseling, including Alcoholics Anonymous (AA) programs, with mixed results.⁵

Within a few months, nine of Ré's 12 residents decided to leave the program. All but one relapsed.

"What's more supportive than walking into a room and seeing a human you can touch?" asked Maureen, an AA client. "...That stuff is important when people are going through the difficult experience of getting off drugs or alcohol."⁵

Another client, Emily, agreed, adding, "Now I have to sit in my room by myself with a computer, which is how I got sick."⁵

Sarah, an alumna of a residential treatment center, noticed that many of her fellow residents relapsed post-treatment. "People are relapsing left and right. The loneliness plays into it," she explained.⁵

Virtual counseling has made addiction treatment more accessible to people in the United States and across the globe, with many programs seeing their numbers double. Balancing this benefit with the challenges of isolation will certainly be an issue for years to come.

Knitting her way to the other side

Here is the story of an acquaintance of mine—I have changed her name to Anju, to protect her privacy—a woman starting her senior year of college in September 2020. She had been living at home since March, when her school, as most others nationwide, closed their doors. Fearing for her high-risk parents at home, she never once left the house, spending the entire summer in quarantine. The occasional feeling of sadness she'd been having since March started occurring more frequently, until suddenly it was September and that was all she could feel.

Anju was all too familiar with the symptoms of depression—both her mother and sister were survivors. But, she never expected it to happen to her. She was always the most outgoing person among her friends, the chattiest, the loudest. Experiencing depression was completely

unexpected. It was so much more than just "feeling down," it was a sadness so intense, so deep that she swore she could feel it in every cell of her body. It permeated every aspect of her day; even on daily runs, she could hardly make it a few feet before stopping in the street, tears streaming down her face. She would sleep more than 12 hours a night, but still wake up restless, feeling as though she hadn't slept a wink.

Unfortunately, Anju's experience is a tale that resonates with many college students. Studies have shown that close to 95 percent of college students across the U.S. experienced negative mental health effects due to the COVID-19 pandemic.⁶ Many reported increased feelings of uncontrollable worry, loneliness, lack of focus, and sadness.⁶ A study conducted at Texas A&M University showed that 91 percent of students worried about the health of their loved ones; 86 percent developed sleep issues; and 82 percent had concerns about their academic performance.⁷

In September 2020, Anju started antidepressant medications and knitting. She had never knit before, but, on a whim, found herself ordering a pair of needles and some yarn. Her first creation was a disaster: an orange square that would have embarrassed a kindergartner. But, it wasn't the end result she was concerned with so much as the process. Anju found that she was so absorbed in learning how to maneuver the needles around the yarn that, for the first time in months, her sadness moved to the background of her mind. When she was knitting, she was in her own world—a world free of COVID, of grueling job interviews, and most importantly, free of depression. As soon as she set down the needles, she could feel the sadness begin to creep forward; but while she was knitting, she was immune.

Knitting wasn't the only part of Anju's recovery process. Anju implemented a daily regimen of regular exercise, knitting, and outdoor time to boost serotonin levels. She meticulously logged her feelings and progress on a daily basis. Medication, too, was invaluable. However, recovery was not a linear path. Some days she could've sworn she was on the other side of her illness, and the next day, despite all her efforts, she was so dejected she could barely get out of bed.

Anju battled on, and after a year, made it to the other side.

The COVID-19 pandemic is far from being over, and while there are already many stories like these, there are, unfortunately, many more to come. Mental health awareness and treatment within, and outside of, the medical profession must be paramount in all we do, and we must find our way to acceptance.

Untold stories

COVID-19 has caused depression and anxiety rates to more than triple from 11 percent of Americans reporting symptoms in 2019 to more than 42 percent in 2020.⁸ Worldwide, an estimated 53.2 million additional cases of major depressive disorder occurred due to the pandemic.⁹ The pandemic has also caused 13 percent of Americans to start substance use as a way to cope with stress and loneliness, and has resulted in an 18 percent increase in overdoses seen in Emergency Departments.¹⁰ And, while the overall suicide rate has decreased three percent during the pandemic, the rate has increased in people of color and young adults.¹¹

As devastating as these statistics are, the number of physicians afraid to seek care for their own mental health issues is growing. Ninety percent of state licensing applications ask for a physician's past mental health history, including diagnoses of depression or anxiety before medical school.¹² This goes against the American Medical Association's recommendations, and is a primary reason as to why more than 40 percent of physicians are reluctant to seek mental health help when they need it (and, not to mention, the culture of busy schedules, high productivity, and pushing through in medicine).¹³

Only once seeking help is normalized and mental illness within the medical profession is accepted, can we truly help our patients do the same. Many of us will likely feel symptoms of anxiety and psychological distress for years to come, even in a (hypothetical) COVID-free future. It's more important now than ever before to discuss mental health openly. Mental illness remains a point of stigma in many cultures. We must all—inside and outside of medicine—work to remove the stigma of mental health issues and work to the betterment of society as a whole.

Help Lines

National Suicide Prevention Lifeline (<https://suicidepreventionlifeline.org/>)—1-800-273-8255

Substance Abuse and Mental Health Services Administration (SAMHSA) Helpline (<https://www.samhsa.gov/find-help/national-helpline>)—1-800-662-4357

National Alliance on Mental Illness (NAMI) Helpline (<https://www.nami.org/help>)—1-800-950-6264

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