



After the Fact | Mental Health in America: Where Are We?

Originally aired September 30, 2022

Total runtime: 00:20:55

TRANSCRIPT

Dan LeDuc, host: Welcome to “After the Fact.” For the Pew Charitable Trusts, I’m Dan LeDuc and with this episode we begin a new season on an important subject—mental health in America. Think back on life over these past two and half years of the pandemic. Many have lost loved ones to the COVID-19 pandemic, lost jobs, or faced financial hardship. Young people lost connection with school friends as classes went online. Families used to active lives were suddenly home together—and with everything that went with that close proximity.

Before the pandemic, surveys showed that 8½% of Americans said they had experienced symptoms of depression. One year into the pandemic, that number has tripled. A Boston University study found that more than 32% percent of U.S. adults had symptoms of depression during the spring of 2021—that’s our data point for this episode—essentially, a third of the nation.

To begin, we turn to Rhithu Chatterjee, who’s been covering mental health for National Public Radio. She’ll help lay out the story.

Dan LeDuc: I was really happy that you could join us, especially early in this season, to really lay things out for us, because you have a very special vantage point, being able to look at the issue of mental health in this country holistically. How would you frame where we are right now? What is the state of Americans’ mental health right now?

Rhithu Chatterjee, health correspondent, National Public Radio: We were in a crisis before the pandemic started. And this has been a really difficult two and a half years for the world, and things are pretty rough, and especially in vulnerable groups, marginalized communities.

Just to set the stage, mental health problems, mental illnesses, sort of span a spectrum, right? And every disorder in the DSM, which is the Diagnostic and Statistical Manual, has a collection of symptoms. While talking to a patient, a provider has to identify that this particular person has a certain number of symptoms for a certain amount of time, minimum time, and has to have had a certain level of functional impairment. The percentage of people experiencing symptoms of anxiety and depression have gone up. Now it doesn't mean that if they were to see a provider,



they would be diagnosed with a disorder, but having a significant number of symptoms does put people at a greater risk of having those disorders.

Dan LeDuc: You speak to many experts in the mental health care field, as well as clinicians treating patients. What are they telling you?

Rhithu Chatterjee: People with serious mental illness, things like bipolar or schizophrenia or schizoaffective disorder, major depression, they can struggle. They may have managed to keep their symptoms under control with medication and care, but what we've seen in the past two years, normalcy has gone away, access to care has gone away. People are grieving the death or illness of loved ones. People are disconnected socially. Support systems have fallen off. Lots of people struggling with these things never get a diagnosis and never get the care. We've also had people with these symptoms, unable to access care, maybe not being able to maintain jobs, maybe having to deal with other family members having lost income. All of these things can exacerbate or even trigger a whole range of symptoms.

Dan LeDuc: One of the biggest challenges facing people experiencing symptoms of depression is finding care. Catherine Ettman helped lead the study at Boston University that found a third of Americans said they've had symptoms of depression since the pandemic began. She's now at Johns Hopkins' Bloomberg School of Public Health and is studying how medical professionals are responding to the growing need for mental health services as well as addressing the stigma sometimes associated with mental issues that can prevent people from seeking care. That research is showing that a lot of factors go into determining a person's mental health.

Catherine Ettman, postdoctoral fellow, Johns Hopkins Bloomberg School of Public Health: We like to use the metaphor of breaking your arm. So when you break your arm, you go and get a cast. And you wear the cast until your arm heals, and then you take the cast off. And mental health should be no different than physical health. So similar to breaking your arm, you get treatment until you heal, and then you move on. And there's no stigma around getting a cast when someone breaks their arm. And in fact, if you didn't get a cast, you would be a little concerned. You would say, "you should really get that checked out." And our hope is to reduce stigma and encourage people to get treatment because we know that it can help. Unfortunately, many of the people who are suffering the most severe cases of poor mental health are actually not connected to the institutions that could connect them with resources. So, we want to improve access to the mental health system. But in order to do that, we need to improve access to the health system.

Dan LeDuc: So much has been in the news about higher levels of anxiety, depression, and mental health issues because of the pandemic. But your work started before the pandemic.



Catherine Ettman: Before COVID-19 began, our team was researching population mental health. Over 17 million people experienced a major depressive disorder in the last year, and we knew that depression and anxiety were common. What our team in particular was researching was social and economic gaps in mental health. We looked at wealth and assets outside of income and how those could shape mental health. So for example, before COVID-19, we did a study that assessed depression by income and savings. And we found that people who had less than \$20,000 in savings had one and a half times the prevalence of depression as their colleagues who had more than \$20,000 in savings. And this was true at every income level. So even for people who made more than \$75,000 per year in income, they still had worse mental health than their counterparts who made the same amount in income but who had bigger bank accounts.

Dan LeDuc: What percentage of the population do you think we're talking about in that period of time that are exhibiting some signs?

Catherine Ettman: So we did a study right at the start of the COVID-19 pandemic that allowed us to compare the prevalence of depression at the population level before COVID, relative to at the start of the pandemic. We used the most recent nationally available public data on population mental health. And we found that around 9% of the U.S. was reporting probable depression in 2017 and 2018. Now, when we did a study at the start of the COVID-19 pandemic, we found that it was 27.8%. So, we found an almost threefold increase in the prevalence of probable depression at the start of COVID relative to before it.

Dan LeDuc: So, the pandemic has played a major role in increasing issues of mental health for a lot of people in this country?

Catherine Ettman: Absolutely, and our team has been tracking mental health over the course of the pandemic. We've conducted a longitudinal panel study, which means you follow up with the same individuals over time. So, we're able to see how mental health trajectories are changing. And what we found was that depression levels were elevated at the start of the pandemic in 2020. And then we found that they stayed elevated in 2021 as well.

Dan LeDuc: I guess that's to be expected. We were all isolated. There's a lot of stress in society. People were losing jobs. Let's make clear for people who are listening that there's a difference between a survey that you're doing and sort of one person going in and getting a specific diagnosis from a provider. So how do we correlate the idea of the survey versus sort of an actual diagnosis in the doctor's office?

Catherine Ettman: Surveys use depression and anxiety screeners. And the screener that we used is called the Patient Health Questionnaire-9, PHQ-9. And it is a screening tool that allows us to



screen for depressive symptoms. It asks how frequently in the last two weeks have you experienced any of the following: little interest or pleasure in doing things, feeling down, depressed, or hopeless, and so on. So based on people's responses to these nine questions, we create a score. And based on the symptom score, we're able to screen for levels of probable depression where a lower score would suggest no depression or perhaps minimal depression, and then it gets higher, mild depression, higher, moderate, and so forth, all the way to severe depression. And so, these screeners are as close as we can get to a formal diagnosis by a physician. And in studies that have validated them against clinical measures, we found that they're actually quite accurate.

Dan LeDuc: We are concentrating our conversation on depression and anxiety. Our overall topic here, of course, is mental health, but that includes a lot of different conditions and ailments. So, we want to be clear for people who are listening that we are keeping our focus on a certain element of that. There are bipolar issues. There are issues of psychosis and other things that are going on. The rate of increase we're seeing is really in these levels of depression and anxiety. Is that right?

Catherine Ettman: Well, that's what this discussion is focused on. So far, we've talked about what are called the common mood disorders. So that's anxiety and depression. But as you mentioned, mental health includes the full range of mental health outcomes which could range from mental illness, schizophrenia, but then it also includes substance misuse as well. And to be clear, these factors are all related. So, for example, people who report depression or anxiety are more likely to report increasing or starting use of substances during COVID-19, for example. So, a study showed that 13% of adults reported use of substances for the first time. So, they were either starting substances or increasing it, and then those numbers got much higher when you looked at groups who were also depressed or anxious or even reporting post-traumatic stress.

Dan LeDuc: And that's, I guess, the important thing we want to get into, right, which is how do these symptoms start affecting a person's behavior? What else does it put them at risk for? Because we all have sort of bad days where we're anxious, but when it reaches a more serious level, what can happen to us? And what can individuals start to do about that when they start to feel these feelings?

Catherine Ettman: One of the strongest predictors of future mental illness or future depression is previous depression or previous bout with poor mental health. And what we hope to do is reduce symptoms so that we can prevent them from getting worse, so reducing the number of severe cases, reducing the number of moderately severe cases because depression can affect functioning. It can affect your ability to go to work, to interact with others. Now, that being said, many people do function, and they function quite highly. This is something that gives me hope.



We have top athletes and entertainers like Simone Biles who've shown us that you can both address your mental health and be very strong.

Dan LeDuc: Is our mental health system set up to contend with all of this?

Catherine Ettman: So before the COVID-19 pandemic started, fewer than half of people who could have benefited from mental health treatment were receiving those treatments.

Dan LeDuc: Fewer than half, let's emphasize that. That means more than half of the people were going untreated.

Catherine Ettman: Yes. Yes, and enter the COVID-19 pandemic when you have more people in the public, potentially threefold increase, reporting poor mental health who could benefit from treatment, and in addition to that, you have an overworked medical workforce, and what we have is a workforce capacity that's not sized to meet the mental health needs of the country. And there are things that we can do in society to address that capacity. We can create programs and systems and incentives to increase our mental health workforce.

Dan LeDuc: NPR's Rhithu Chatterjee has talked with providers and tells us what she's learned.

Rhithu Chatterjee: When I talk to mental health care providers, they are despairing. They are burnt out. They are feeling overwhelmed about not being able to address the growing need that people have for care. What I also hear is a spot of optimism because the public conversation around mental health has become more open. There is also, in Congress, bipartisan support on this topic and genuine interest on both sides of the aisle in addressing it.

Dan LeDuc: Children and teens have been especially affected. What's your reporting found?

Rhithu Chatterjee: The CDC came out with a study, in the fall of 2020, that found that shortly after the pandemic started, overall there were fewer people in emergency rooms, but the people who were going there, proportionally, were children and teens in mental health crises. So compared with 2019, in 2020, the proportion of mental-health-related visits for kids, aged 5 to 11, went up by about 24%, and for 12-to 17-year-olds, it went up by 31%. And this was in October of 2020, and they remained elevated. A year after the CDC put out those numbers, three professional associations, the American Academy of Pediatrics, the Children's Hospital Association, and the American Academy of Child and Adolescent Psychiatry, they declared that the state of kids' mental health was a national emergency, because the trend continues, even though much of life has gone back to normal. I hate to use the term, but it's the perfect storm of factors that made already-vulnerable kids even more vulnerable. And one of the things that I hear from experts all the time is that the human brain is used to predictability and stability. And what the pandemic



has done, it's kept us in this constantly anxious stage. "What's going to happen? Can I return to normalcy?" And that kind of chronic stress takes a real toll on mental health.

Dan LeDuc: But if I have a kid who's dealing with depression and reaches the crisis stage, do I really want to go to the ER, or shouldn't there be somewhere else that I can take them?

Rhithu Chatterjee: That's an excellent question, because the fact that kids' families have nowhere else to go but are ending up at ER, it is actually a symptom of the fact that there isn't a system. There aren't other options. In the case of mental health, most people have no choice but to go to ERs. And even when they get treated there, they come out of the ER, and they have immense trouble connecting with providers, because insurance doesn't cover mental health as well. Most therapists and psychiatrists aren't on insurance networks. Or when somebody is in your network, you can call and leave messages. The providers are so burnt out and full, nobody has openings for months. I was talking to a provider in Southern California, she's a triage therapist. She has talked to patients, like the mom of a patient in recent months, a patient who had a serious suicide attempt, a child. And she couldn't get this child an appointment before six weeks. A child who has had an attempt. And this is a case of a family that has insurance, has access to mental health care. There's just a dire shortage of providers. The conversation is about increasing the number of providers, but also increasing the kinds of providers. So, there's more investment, for example, in things like peer counseling, which a lot of veterans use, so somebody who has been in the same life circumstances, has had the same life experiences, same mental health issues. There's growing investment and recognition that you need that.

Dan LeDuc: One way to improve the mental health care system is recognizing that our mental health is connected to our physical health. Here again is Catherine Ettman.

Catherine Ettman: So, studies have found that there are factors associated with resilience. Those factors are getting outside in the sunshine more, exercising more, having healthy relationships with friends, family, and significant others, sleeping better, and praying more often.

Another factor associated with resilience is having routines. So, one study looked at primary routines and secondary routines. Primary routines were eating and sleeping regularly and having routines for those behaviors. And the secondary routines were leisure activities and social activities but having some consistency. And sure enough, researchers found that people who had more routines were more likely to have resilience and who had less poor mental health. And then other factors, such as talking to your neighbors, that's also been found to improve your mental health, and social support.

Dan LeDuc: So many studies over time, longitudinal studies of all sorts, have always shown our social connections matter so greatly to our health.



Catherine Ettman: One study conducted during the pandemic looked at the frequency with which people spoke with their neighbors, and they looked at people who spoke with them not at all or once a month, a few times a month, or a few times a week or more. And the people who spoke with their neighbors several times per week or more had the highest resilience.

Dan LeDuc: Let's talk about what resilience means and specifically, what it means in the context of mental health.

Catherine Ettman: Resilience is the ability to bounce back after hard things happen. And resilience has been associated with personal characteristics like positivity and being hopeful and looking to the future. But resilience has also been associated with behaviors like attending mass and being religious as well as having strong social support. Research has actually found the intimacy and reliability of relationships really matters. So, knowing that you have somebody to turn to should you need it matters deeply. I'm not sure if a clinician would prescribe getting outside in the sun, eating well, and having good friends. But in my world, these contextual factors have been shown to improve resilience and mental health.

Dan LeDuc: The conversation around mental health is an important one, and we will discuss some of the stigma historically associated with this area of health in our next episode. One area where stigma is a real challenge is when it comes to treatment for substance use disorder.

Sheri Doyle, senior manager, substance use prevention and treatment initiative, The Pew Charitable Trusts: There's a perception that this patient population requires a lot of rules for their treatment. It's almost as if at every step, there is another hurdle due to stigma.

Dan LeDuc: That was Sheri Doyle, from Pew's substance use prevention and treatment program. You'll hear more about her work in our next episode.

For more information on our season about mental health, visit our website at pewtrusts.org/afterthefact. For The Pew Charitable Trusts, I'm Dan LeDuc and this is "After the Fact."

If you or someone you know needs help, please dial 988, call the National Suicide Prevention Lifeline at 800-273-8255 or text HOME to 741741 to reach a crisis text line counselor.