

THE STATE OF PLAY

Each month, we examine how the mental health conversation in the media is evolving, with a particular focus on youth, women, and the justice system. Last month, we looked at how COVID-19 is shaping the discussion. This month, we dig deeper into the debates around the promise and perils of virtual mental healthcare.

The diagram below illustrates the conversation on COVID-19 and virtual care for mental health. It samples 4,900 news articles from February through April 2020. Takeaways include:

Social isolation and substance abuse

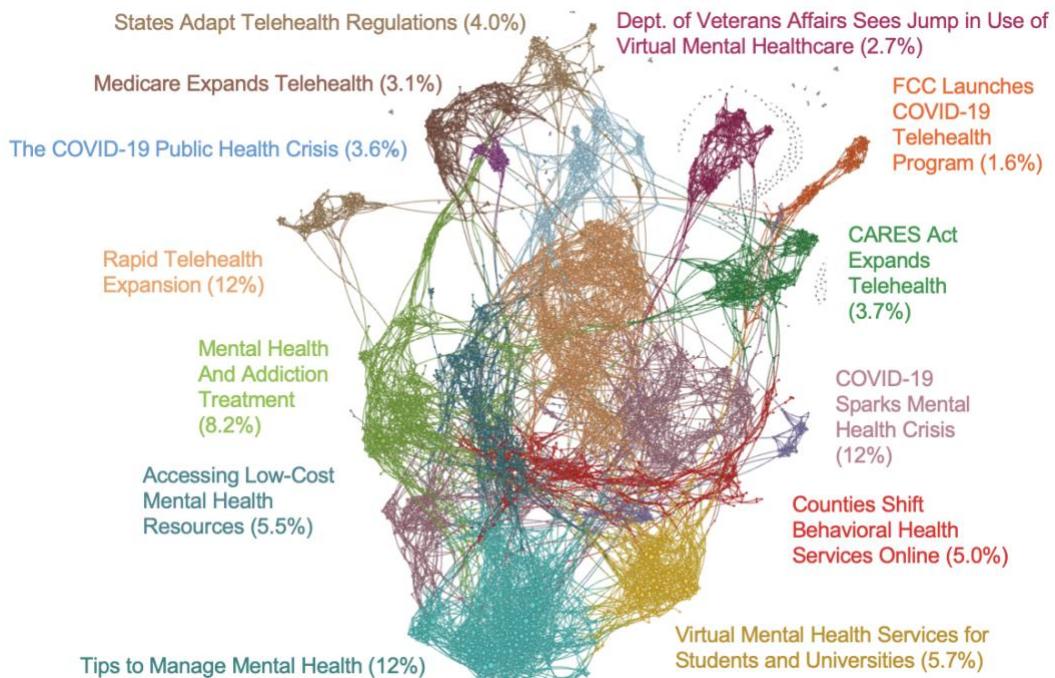
A debate has emerged around the efficacy of both online group therapy and virtual outpatient care for individuals with a substance use disorder. Support groups like Alcoholics Anonymous and many addiction rehabilitation facilities have mobilized resources for online care, and staff understand the **high stakes** of ensuring that individuals attend virtual sessions. However, **concern persists** that the limitations of virtual treatment will become more apparent in coming months with a potential **spike** in substance abuse as a result of the social isolation and trauma caused by COVID-19. States with high rates of opioid abuse (such as **Missouri** and **Kentucky**) may become “case studies” on future plans.

Veterans and telemental healthcare

The Department of Veteran's Affairs (VA) seems to be successfully transitioning to virtual care for a population that is severely at-risk for suicide and depression. Data show that between February and March, the VA saw a **280% increase** in virtual appointments for mental healthcare consultation and a 200% jump in online group therapy appointments. Much credit for this success is due to the work done by U.S. Senator Jon Tester to secure **\$2.15 billion** in funding for “telemental health” services for veterans living in rural and underserved areas. Given the high unmet mental health needs of veterans before COVID-19, there is increasing evidence to support alternative pathways to care after the pandemic.

COVID-19 and Virtual Mental Healthcare

February to April 2020



THOUGHT STARTERS

A roundup of thought-provoking pieces on mental health for youth, women, and the justice system.

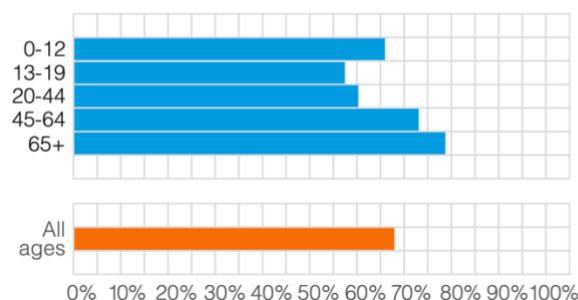


Youth Mental Health: Teens Are Saying No to Drug Therapies

It is becoming increasingly common to hear the mental health fallout of COVID-19 described as the “second pandemic.” Against this swell of nervous attention, Express Scripts released [America's State of Mind Report](#). To no surprise, the Pharmacy Benefit Manager (PBM) shares an abundance of data on trends in mental health prescriptions. For those interested in youth mental health, one data point jumps out: teens are saying no to drugs. In 2019, people aged 13-19 had the lowest antidepressant adherence rates:

PERCENT OF PATIENTS ADHERENT TO ANTIDEPRESSANTS

By age group, 2019



“While nonadherence is a problem related to most treatments of chronic conditions, drug therapies for depression present particular challenges. Antidepressants can take up to eight weeks to be fully effective...this analysis found that adolescents had the lowest antidepressant medication adherence rate (57.6%) compared to 68.0% for all age groups in 2019.”



Women's Mental Health: COVID-19 and Childbirth

While much of life is put on pause as we shelter-in-place, one thing can't be delayed: childbirth. During non-pandemic times, up to [1 in 5 new mothers](#) will experience postpartum depression. What happens to new mothers under lockdown? A [survey](#) by the Ohio State Wexner Medical Center finds worrying results:

“Nearly 80% of respondents would be concerned about themselves or an expectant mother in their life in the midst of the current COVID-19 outbreak, with almost half expressing fear of going to a scheduled prenatal appointment...51% would be concerned about sending their child to daycare or a babysitter and over 45% would be concerned about visiting public places while pregnant and after their baby is born.”



The Justice System:

Is Now the Time for Decarceration?

Correctional facilities across the U.S. are searching for ways to mitigate the spread of infection. One strategy is to release people from incarceration. The [Prison Policy Initiative](#) is tracking these releases. Their [report](#) from May 1 indicates that while jails are reducing their populations by the hundreds, state prisons have hardly budged:

“Prisons and jails are notoriously dangerous places during a viral outbreak...decarceration will help protect both incarcerated people and the larger communities in which they live. It's past time for U.S. prison systems to meaningfully address the crisis at hand and reduce the number of people behind bars.”

THE PUNCHLIST



3 ways to take action on this month.

1

Watch:

The Compassion Prison Project is shining a spotlight on how childhood trauma influences a person's life trajectory. This [7-minute video clip](#) highlights the links between childhood trauma, mental illness, and incarceration.

2

Read:

Dr. Nadine Burke Harris, the first Surgeon General for the State of California, has championed the issue of Adverse Childhood Experiences since she took office in 2019. Under her leadership, the state launched the California ACEs Aware initiative in January 2020 focused on promoting and funding ACE screenings. The [screening questionnaire](#) is designed for parents and caregivers, but can be used by anyone that works with children, teens, or even at-risk adults.

3

Follow:

May brings many things – Mental Health Month, Mother's Day, and, unofficially, World Maternal Mental Health Day, which was observed on May 6th. A coalition of global activists, academics, clinicians, and individuals with lived experience are petitioning the World Health Assembly and the UN World Health Organization to officially recognize the day and raising awareness of perinatal mood and anxiety disorders (PMADs). Follow the campaign on Twitter [@WMMHday](#) and #maternalMHmatters.

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