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Introduction

- The novel coronavirus (COVID-19) pandemic has impacted the mental health of many people globally, including worsening depression, anxiety, suicidal ideation, and difficulty sleeping.¹⁻³
- Psychiatric/psychological clinical populations were particularly vulnerable to worsening mental health outcomes during this time.²⁻³
- Increased requests for urgent psychiatric care during COVID-19 suggests that it is crucial to continue to monitor and manage symptomology and treatment efficacy.³

Objectives

- To learn how the COVID-19 pandemic has affected the mental health of adult patients in the Johns Hopkins Bayview Community Psychiatry Program (CPP) & Resident Outpatient Continuity Clinic (ROCC).

Methods

- Surveys were distributed using a Qualtrics email link
- Participants (18+) were identified via an EPIC search for any encounter since Jan 1st, 2020 within the two clinics.
- Distribution Timeline:**
 - Surveys were distributed Feb 16th (CPP) & 17th (ROCC), and were closed May 14th, 2020
 - Non-respondents received two follow-up emails per week for 8 weeks
 - A telephone follow-up was conducted on March 31st and April 1st
- Respondents were asked how their mental health symptoms had changed for each of the 6 domains over the last 90 days prior to survey completion.
- Unadjusted logistic regression were used to model the association between responses and patient demographics.

Results

Demographics

| Demographic | n (%) |
|-------------------|-----------|
| Age | |
| ≤25 | 54 (10%) |
| ≥26 | 470 (90%) |
| Sex | |
| Female | 325 (62%) |
| Male | 200 (38%) |
| Race | |
| White | 373 (78%) |
| Black/African Am. | 84 (18%) |
| Asian/PI | 21 (4%) |
| Education | |
| HS or less | 103 (21%) |
| Some College | 110 (22%) |
| BA/AA | 140 (28%) |
| Postgrad | 142 (29%) |

Table 1. Respondent demographics. Of the 2746 surveys distributed, 568 responses were recorded (21%).

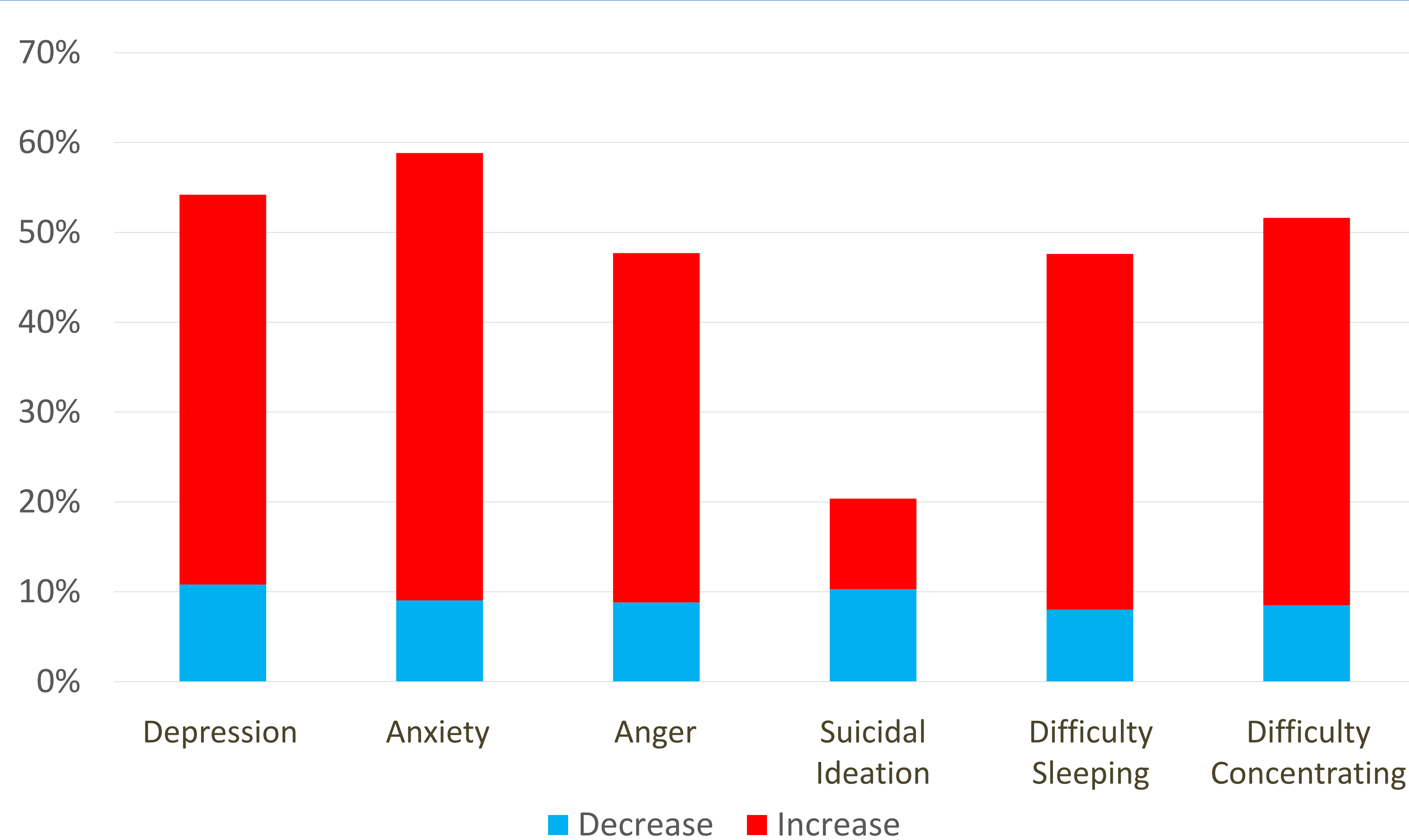


Figure 1. Responses indicating increased or decreased symptom severity over the last 90 days. Total raw numbers (n) are as follows: depression (500); anxiety (498); anger (499); suicidal ideation (496); difficulty sleeping (500); and difficulty concentrating (494).

| Demographic | Depression | Anxiety | Anger | Suicidal Ideation | Difficulty Sleeping | Difficulty Concentrating |
|------------------------------------|-------------------|------------------|------------------|-------------------|---------------------|--------------------------|
| Age (Ref: ≤25) | | | | | | |
| ≥26 | 2.41 (1.11-5.05)* | 1.76 (0.70-4.02) | 1.91 (0.81-4.25) | 1.89 (0.77-4.85) | 2.18 (0.92-4.89) | 2.70 (1.20-5.82)* |
| Sex (Ref: Female) | | | | | | |
| Male | 0.81 (0.43-1.55) | 0.97 (0.49-2.02) | 0.71 (0.36-1.43) | 1.28 (0.52-3.14) | 4.73 (0.23-0.96) | 0.54 (0.28-1.09) |
| Race (Ref: White) | | | | | | |
| Black/African Am. | 0.38 (0.18-0.83)* | 0.88 (0.36-2.49) | 0.34 (0.15-0.79) | 0.29 (0.06-1.09) | 0.62 (0.27-1.51) | 0.50 (0.22-1.23) |
| Asian/PI | 0.46 (0.14-1.77) | 0.48 (0.15-1.83) | 0.34 (0.11-1.18) | 0.22 (0.03-0.99) | 0.63 (0.14-4.36) | 1.62 (0.29-30.46) |
| Education (Ref: HS or Less) | | | | | | |
| Some College | 1.60 (0.68-3.87) | 0.48 (0.16-1.34) | 2.78 (0.96-8.80) | 0.49 (0.15-1.52) | 0.94 (0.33-2.62) | 1.30 (0.47-3.60) |
| BA/AA | 2.17 (0.91-5.31) | 0.74 (0.24-2.07) | 1.44 (0.58-3.56) | 0.92 (0.28-2.97) | 1.13 (0.40-3.12) | 1.48 (0.57-3.77) |
| Postgrad | 1.62 (0.71-3.69) | 0.59 (0.20-1.55) | 1.69 (0.66-4.29) | 1.38 (0.46-4.17) | 1.03 (0.37-2.77) | 1.94 (0.73-5.16) |

Table 2. Odds ratio (with corresponding 95% confidence interval) for a response with increased (worsened) compared to decreased (improved) symptom severity. *Significance is shown at $p \leq 0.05$.

Key Points

- The majority of our sample identified as white females.
- A higher percentage of respondents reported increased symptom severity for every mental health domain except suicidal ideation.
- Older respondents (>26) were more likely than younger respondents to report increased symptoms of depression and difficulty concentrating.
- Black/AA respondents were less likely than white respondents to report increased symptoms of depression and difficulty concentrating.

Conclusion

- The COVID-19 pandemic served as a major disruptor of everyday life and has been demonstrated to exacerbate mental health symptoms in various populations, including our survey population.¹⁻²
- Further research is needed to determine how socio-demographic factors are associated with mental health responses to major stressors.

References

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