



## **COVID-19: The Short and Long Term Mental Health Consequences**

Dr. Diana Uchiyama, JD. Psy.D

Executive Director LAP

There has been a tremendous disruption to the natural rhythm of life that we previously engaged in, without much thought, prior to the COVID-19 pandemic. We took for granted the ability to go to work on public transportation, the ability to walk around in a crowded train station or shopping mall, the ability to wait in line at a crowded coffee shop, the ability to get lunch at a buffet, the ability to travel, and the ability to work in an office building sharing space with colleagues and strangers without fear for our safety and wellbeing. We shook hands without care, and hugged friends and loved ones at our own personal discretion. We stood close to people while we engaged in conversations and had meetings and conferences where many people gathered. We attended weddings, baby showers, and birthday parties for people we loved and cared about. We never believed that our way of life, our access to services, and our ability to find critical and necessary life staples could ever be disrupted. We come from a land of plenty and an age of excess and immediate pleasure, with little patience for disruption and change and a strong desire to be able to continue to do what we have done for all of our lives. We feel much grief and longing for the lives we lived before and took for granted, and feel overwhelmed with the knowledge that this life will be on hold and disrupted for extended and unknown periods of time and we may forever be changed as a result.

This pandemic, along with the majority of states imposing stay at home orders to minimize the rapid spread of the virus to allow our medical systems to be able to keep up with the demand for medical services, critical care and ventilators, was not a world we could imagine just a few months ago. We have all recently become familiar with never before used words and concepts such as “flatten the curve,” “social distancing,” “contact tracings,” “abundance of caution,” “self-quarantine,” and “community spread” to name a few. We have incessantly watched the news and read articles to try to gain a better understanding of the changes that have quickly taken place, all without much help in increasing our knowledge or reducing our anxieties. Simply put, there currently are no hard and fast answers, no cures, and we have no idea when this virus will leave our world and allow us to return to the world we now view as a distant memory.

I often speak about the factors that contribute to traumatic experiences. Currently we are living in a trauma inducing life event. One of the most basic and primitive human needs is the need for physical safety. We all want to feel safe in our world and in our home. When our feelings of personal safety are jeopardized, we feel unstable, unsafe, and uncertain navigating the world. The desire to remain healthy and vital is an essential desire for all of us, and this pandemic has jeopardized our ability to feel in control of our health, safety, and wellness because of the “invisible nature” of this virus. It lives amongst us, unseen by us, and some of us are carriers of the virus without knowledge or symptoms. We may spread the virus to people we love and care about even though we may feel healthy and well. This virus also attacks some people with a harshness and unfairness that also feels unpredictable and random. While we know that people who are elderly, male, immune compromised, and living or congregating in small group settings can fan the flame of this virus, we cannot understand why some people die while others live, why it attacks and kills some young and healthy people, why some children die from the virus while others don't, and why we still lack an understanding of the virus to help combat the spread. We have learned that it attacks African American and Hispanic people at a higher rate than others in the general population and still don't really know why, other than people in those communities may have a higher rate of pre-existing conditions, live in more urban areas, and oftentimes have less access to quality medical care and testing.

Many of us currently live in fear of harming those we love causing avoidance and distancing from other family members. We cannot be with our loved ones if they get sick and need to go to the hospital. Many of us who have loved ones in nursing homes or long-term care facilities are no longer able to visit them. We hear stories of front-line medical staff that sleep in their cars or garages, so they do not infect their families. Recently, I read a story about a family where the mother became ill due to the fact that she was a nurse in a nursing home, and fell into a coma the day after she experienced symptoms, succumbing to the disease within several days, never regaining consciousness. Her husband then became ill, and was hospitalized and placed on a ventilator, and while home alone, their twenty-year old son was found dead on the sofa a few days later, a victim of the same virus that killed his mother. How could this happen in a seemingly healthy family system and so quickly? We grieve those we lose and feel guilt that we cannot mourn them or be with them while they are sick. We experience the aftershocks of their illnesses, and many people who do recover from the virus, have long-term medical problems for which we were not prepared.

The state of the economy and unemployment is another trauma inducing event. Most of us were employed in February 2020, and by the end of April 2020 the unemployment rose to a record 14.7% with a loss of over 20.5 million jobs. In one short month, we wiped out a decade of job gains. The COVID -19 virus has shuttered businesses and led to massive layoffs in a very short period. Many law firms are slashing pay and compensation packages and furloughing or firing people who were loyal and good employees in order to remain solvent. Many people faced job reductions, were placed on part time status, and if lucky to retain your job, had to begin working from home

with other family members and their children who were no longer in school. Schools were canceled, online learning became the norm, and webinars, zoom conferences, and telehealth became the wave of the future. Summer associate positions were terminated and bar exams were placed on hold.

According to an article published in The Washington Post on May 4, 2020 titled “The Coronavirus Pandemic is pushing America into a Mental Health Crisis” there is a strong link between economic upheaval and suicide and substance use. After the Great Recession of 2008, there was a 1.6% uptick in suicides. The Meadows Mental Health Policy Institute in Texas, using such critical information, predicts that if unemployment rises by 20 percentage points, like levels reached during the Great Depression, suicides could increase by 18,000 and overdose deaths by more than 22,000.

Finally, we cannot minimize the psychological toll that social distancing and stay at home orders have on human beings. While necessary to flatten the curve of spreading the virus, the lack of mobility, loss of connection to others, and social isolation can lead to higher levels of anger, stress, confusion, PTSD, anxiety, depression, and substance use disorders and these negative effects may last a long time. When social isolation is combined with other stressors, including job loss and financial insecurity, the long-term outcomes may worsen. People often engage in numbing behaviors to manage uncomfortable feelings and many people feel a loss of control, purpose, and agency over their lives. Our normal ways of coping may not be available to us anymore, including going to a health club, worshiping at a church, synagogue or mosque, being able to visit with friends and family, or being able to gather for social activities.

The sense of predictability and the way we have organized our world has been disrupted to a great extent. Many of us feel disorganized and have a difficult time staying on task. In Illinois, sales of alcohol have increased by 50% and marijuana sales have doubled since the pandemic began. We are on the cusp of a tremendous mental health crisis, of which we have never seen or experienced before. Yet the mental health and substance use systems have been woefully underfunded and under prioritized for decades and may not be able to adequately handle this influx of people.

LAP is here to help you if you are a legal professional who needs mental health or substance use services. During this pandemic we are seeing more and more people reaching out to LAP for help, many experiencing mental health challenges, substance use, and suicidal thinking. We are here to help and assist you navigate through this challenging time. We have telehealth services for assessments and evaluations and for individual and group therapy. We are free and confidential with immunity.

Do not suffer in silence. Do not think you are alone. Do believe that we can help. Do have hope that things can get better. Do send an email or make a phone call. Do know that LAP is here to help.

312-726-6607 • [gethelp@illinoislap.org](mailto:gethelp@illinoislap.org) • [illinoislap.org](http://illinoislap.org)