Prevention During COVID-19: A Review of Current Research

PROSPECTUS GROUP·LLC

Introduction

The COVID-19 pandemic has placed an unprecedented strain on health care systems and upended routine facets of everyday life, posing a particularly critical threat to individuals suffering from mental health and substance abuse concerns, and complicating suicide prevention efforts. **Assessing the effectiveness of current interventions and adapting approaches to meet these challenges are critical to arrest and rollback progressing COVID-19 health crises in these populations.** Recent research examines the pandemic's effects on current intervention efforts, offers recommendations for present and future policy changes, and provides lessons for productive responses.

Highlighting COVID-19's effects on health disparities among vulnerable and marginalized communities, Michener (2020) advocated for community collaboration in improving health equity and evaluates past and present interventions to offer practical steps for successful future programs.

Wasserman (2020) assessed the influence of the pandemic on risk and protective factors for suicide, revealing the need for updated approaches to suicide prevention during and beyond COVID-19.

Responding to current and forecasted increases in rates of suicide globally, Ivbijaro (2021) reviewed key literature examining COVID-19 and suicide to develop recommendations for effective interventions.

Research by Alexander (2020) and David (2020) addressed the intersection of COVID-19 with opioid use disorder and stresses the need for rapid, coordinated action in developing coalitions, harnessing new technology, and removing barriers to treatment at the local, state and national levels.

Noting predictions of drastic increases in substance use and mental health conditions as COVID-19 converges with existing epidemics of loneliness and addiction, Horigian (2021) investigated relationships among depression, anxiety, and substance use in young adults during the pandemic.

Article 1: Engaging with Communities-Lessons (Re)Learned from COVID-19

Summary

The COVID-19 outbreak exacerbated persistent demographic disparities in health outcomes. **However, collaborative partners across the country were able to respond to immediate and critical needs "by using community-engaged/participatory research and programmatic coalitions to showcase and bolster the resiliencies within communities and across partnerships"** (p. 2). Such efforts highlighted and reiterated the value of utilizing a health equity perspective to engage, communicate with, and partner with at-risk communities (p. 1-2)

Past successful interventions (e.g. SARS, AIDS) reinforced the idea that **"public health's broad mission of ensuring healthy communities required interaction** among numerous health-influencing actors, such as communities, businesses, the media, governmental public health, and the health care delivery system" (p. 4). Several principles for effective efforts emerged. First, community engagement must respect diversity, and awareness of cultural and other factors affecting this diversity must be paramount in program planning, design, and implementation. Second, partnering with the community is essential to catalyze change and improve health. Last, individuals and organizations have to be ready to release control of interventions to the community and be flexible in meeting its changing needs (p. 3-4).

Analyzing lessons from past interventions and current COVID-19 responses reveals five practical steps that public health can take to engage with partners and communities for sustained change.

1) **Learning** must involve training staff in health equity, investigating effective multi-sector partnerships and reframing the pandemic as a "community" problem.
2) **Partnering** should encourage data collaboration, incorporate community oversight, and identify unique risks and protective factors.
3) **Collective working** needs to prioritize equity, foster co-creation with cross-sector partners, and develop culturally-appropriate messaging.
4) **Sharing** is crucial to enhance the common use of stories and data toward greater collaboration.
5) **Advocating** must engage with partners in a coordinated effort to pursue health in all policies. (p. 5)

The COVID-19 pandemic will not be the last public health emergency, and there is an ongoing need to effectively communicate the critical shortage of long-term investment in infrastructure required for healthy communities. However, "the lessons (re)learned can both

prepare us for the next challenge and help reduce and eliminate our long-standing underlying inequities in health" (p. 5).

CITATION

Alberti, P. M., Castaneda, M. J., Castrucci, B. C., & Harrison, L. M. (2020). Engaging With Communities—Lessons (Re) Learned From COVID-19. *PCD Staff*, 17, E65.

_____

Article 2: Loneliness, Mental Health and Substance Use Among US Young Adults During COVID-19

Summary

The convergence of COVID-19 with pre-existing loneliness and addiction epidemics in the US has led to significant increases in substance abuse and mental health conditions. To examine the COVID-19 pandemic's effects on young adults, researchers conducted a web-based survey to assess their levels of loneliness, anxiety, depression, and substance use, and evaluated relationships between loneliness and mental health symptoms.

Study results showed elevated levels of loneliness, anxiety, depression, and alcohol and drug use among young adults during COVID-19. **A concerning 49% of participants reported a great degree of loneliness, 80% reported significant depressive symptoms, and 61% reported moderate to severe anxiety.** In substance abuse, 30% disclosed harmful or dependent levels of drinking, and 38% of drug users disclosed severe use. Despite 56% of participants reporting increased media and technology use, feelings of social connectedness decreased significantly while loneliness increased.

Study outcomes further confirmed associations between loneliness, mental health symptoms, and substance use. The majority of participants who reported a rise in loneliness additionally "indicated an increase in drinking (58%), drug use (56%), anxiety (76%), and depression (78%), coupled with a decrease in feelings of connectedness (58%)" (p. 5). Loneliness and social connectedness were each directly related to depression and anxiety, and anxiety was directly related to alcohol and drug use severity.

Numerous approaches have been developed to address loneliness, emphasizing social support and connection, and the importance of confronting harmful social cognition. **Interventions involving mindfulness have been found to promote resilience and wellbeing, and access to psychological support combined with the development and spreading of online interventions and reliable information has proven effective.** Additionally, increased access to and promotion of college counseling service, and greater outreach by primary care physicians for young adults not engaged in school, can ensure better screening and prevention—both possible via telehealth.

These and related strategies show potential in stemming heightened loneliness and associated mental health consequences of COVID-19 in young adults. However, future interventions may need an "integrated, multi-faceted, and connected approach, rooted, and supported by mental health prevention and wellbeing promotion, boosted by workforce development and research on intervention development, to readdress these trajectories" (p. 7).

CITATION

Horigian, V. E., Schmidt, R. D., & Feaster, D. J. (2021). Loneliness, mental health, and substance use among US young adults during COVID-19. *Journal of Psychoactive Drugs*, 53(1), 1-9.
Article 3 *Suicide Prevention and COVID-19.*

_____

Article 3: Suicide Prevention and COVID-19

Summary

Emerging evidence indicates that societal disruption resulting from the COVID-19 pandemic has led to a rise in rates of suicide globally, with the potential to persist post-pandemic. To better understand and confront these threats, researchers surveyed key literature examining COVID-19 and suicide to determine essential lessons and develop recommendations (p. 1-2).

Despite increased incidence of mental illness and subsequent risk of suicide, many people with mental health problems involving loneliness, anxiety, and depression were unable to access mental health services. Ongoing prevention efforts must address widespread loneliness and isolation and should increase availability of mental health interventions. **Research further revealed positive effects of interventions that emphasized exercise and self-care, improved sleep, increased self-awareness, and maintaining social connectedness.** Greater employment support should also be considered, as well as training in psychological first aid at a population level (p. 5-6).

Nationally, evidence suggests that the development of a comprehensive national suicide prevention strategy that accounts for COVID-19 is likely to lead to decreased suicide rates. Governments and healthcare systems need to anticipate elevated psychological distress during outbreaks and ensure support for mental health services, including strengthening the role of primary care needs (p. 7-8).

Implementing eight key lessons will allow governments, policy makers, and service agencies to be prepared for future pandemics.

1) **Disaster response planning** for future pandemics must have systematic suicide prevention planning and a universal, holistic approach to care.

2) During high unemployment, **investing in labor market** programs lowers suicide rates.

3) **Low-wage workers** most financially vulnerable during a pandemic require specific support.

4) **Women require specific support** due to their types of employment, greater proportion of the domestic burden, and increased risk of domestic violence.

5) **Mental health and substance abuse** services need to be appropriately funded and prioritized.

6) All countries should develop **National Suicide Prevention Strategies** and prepare responses to pandemics and other crises.

7) National Suicide Prevention Strategies should adopt a **whole-systems approach**, involving mental health services, primary and social care, NGO's, and other community stakeholders.

8) **Suicide is preventable**; and prioritizing suicide prevention strategies during and post-COVID-19 is critical to saving lives (p. 9-10).

CITATION

Ivbijaro, G., Kolkiewicz, L., Goldberg, D., N'jie, I. N., Edwards, T., Riba, M. B., ... & Enum, Y. (2021). Suicide prevention and COVID-19. *Asia-Pacific Psychiatry*, e12482.

_____

Article 4: Adaptation of Evidence-Based Suicide Prevention Strategies During and After the COVID-19 Pandemic

Summary

Responding to predictions of a rise in COVID-19-related suicide rates and mental heath problems, researchers evaluated the influence of the pandemic on risk and protective factors for suicide. Study results indicate the need for an approach according to the socio-ecological model and adjustments to suicide prevention strategies (p. 294-295).

The pandemic affects risk and protective factors at the society, community, relationship, and individual levels, involving variables such as economic downturn, access to suicidal means, barriers to health care, inappropriate media reporting, interpersonal conflict and violence, and loneliness—all impacting levels of depression, anxiety, post-traumatic stress disorder, substance abuse, and ultimately suicide risk (p. 295-296).

Confronting these challenges should involve strengthening universal suicide prevention strategies that target the entire population, including:

- interventions aimed at increasing awareness about mental health and suicide;

- promoting social support and coping skills;
- mitigating the impact of unemployment and inequalities;
- reducing substance abuse, and;
- improving access to health care (p. 296-299).

Additionally, selective interventions directed at vulnerable groups—e.g., individuals with mental health problems, the socio-economically disadvantaged, and members of the LGBTQ community—should be continued, and can expand to include first responders and health care staff. **Indicated prevention strategies targeting individuals displaying suicidal behavior "should focus on available pharmacological and psychological treatments of mental disorders, ensuring proper follow-up and chain of care by increased use of telemedicine and other digital means." (p. 294).**

The implementation of sustained and enhanced suicide prevention measures during and after the COVID-19 pandemic should be a global priority for policymakers and health care professionals and should not be postponed until after the pandemic. Analysis of risk and protective factors shows that most of them are affected, with both positive and negative impacts. Negative affects, however, appear to be greater, making the predicted increase in mental illness and suicide likely to occur (p. 302).

The need for urgent measures and further investigation into which adaptations to strategies are effective in different cultural, economic, and health care contexts presents a unique challenge. Identifying and "selecting suicide prevention strategies based on strong evidence remains essential throughout this crisis" (p. 302).

CITATION

Wasserman, D., Iosue, M., Wuestefeld, A., & Carli, V. (2020). Adaptation of evidence-based suicide prevention strategies during and after the COVID-19 pandemic. *World Psychiatry*, 19(3), 294-306.

_____

Article 5 & 6: Opioid Policy Changes During the COVID-19 Pandemic-and Beyond (Davis et al) An Epidemic in the Midst of a Pandemic: Opioid Use Disorder and COVID-19 (Alexander et al)

Summary

The COVID-19 pandemic threatens to dramatically overshadow and reverse critical progress made in combating the opioid crisis, posing a particularly grave risk to millions with opioid use disorder. **Clinicians and policymakers must take rapid, coordinated action requiring**

"new partnerships, unprecedented use of technology, and the dismantling of antiquated regulations" (Alexander et al, p. 1). Additionally, temporary rollbacks of policy barriers to prevention and treatment efforts should be made permanent, with further steps taken by state and federal government (Davis, p. 1).

Efforts to address disruptions in access to treatment medication should transfer methadone users to take-home protocols and could include co-prescribing naloxone as well as shortening buprenorphine. New Medicare and Medicaid waivers can counter reductions in face-to-face clinical encounters through increasing reimbursement and expansion of remote prescriptions via telehealth services. Applying novel technological approaches also shows promise, such as automated, secure pill dispensers and video-based, observed therapy (Alexander, p. 1).

The opioid abuse treatment system must also integrate with other service providers to provide comprehensive case management with linkages to housing and social service programs. Mitigating COVID-19 infection risk during in-person care is also essential, and requires rapidly implementing safety plans for patient screening, personal protective equipment, and workforce wellness (Alexander, p. 2).

Local, state, and federal governments have recognized the burden of existing treatment restrictions and begun to address previously accepted policies as unnecessary barriers. The Substance Abuse and Mental Health Services Administration recently issued guidance allowing states to permit take-home methadone medication. Similarly, the Drug Enforcement Agency eliminated the requirement of in-person consultation with a prescriber before beginning buprenorphine, opening the door to initiating treatment through telehealth. Some jurisdictions have taken steps to decrease risk of COVID-19 transmission by reducing rates of entry to jails and prisons while releasing incarcerated individuals. Likewise, some police departments have reduced or stopped custodial arrests for low-level crimes. (Davis, p. 1-2).

Such recent policy changes should persist beyond the pandemic, with additional barriers lifted. Requirements that providers obtain a waiver to prescribe buprenorphine are unnecessary and should be rescinded. Furthermore, the Food and Drug Administration should make naloxone available over the counter, states should decriminalize possession of equipment for drug use, and "crimes of poverty should be addressed with evidence-based services, not jail time" (Davis, p. 2).

CITATION

Davis, C. S., & Samuels, E. A. (2020). Opioid Policy Changes During the COVID-19 Pandemic - and Beyond. *Journal of Addiction Medicine*, 14(4), e4–e5. https://doi.org/10.1097/ADM.0000000000000679.

Alexander, G. C., Stoller, K. B., Haffajee, R. L., & Saloner, B. (2020). An epidemic in the midst of a pandemic: opioid use disorder and COVID-19. *Annals of Internal Medicine.*

_____

Conclusion

Covid-19 is undoubtedly a major challenge on people around the world, and prevention providers are faced with unprecedented issues. However, recent research has worked to identify novel and innovative approaches to address increasing rates of substance use, anxiety and depression, and concerning upticks in risk of suicide.

Alberti et al (2020) focused on lessons learned as a result of the pandemic, finding that interaction with cross-sector partners provides a strategic approach to a health emergency. Through interaction, providers share data and continue collaboration in order to work to reach equitable health outcomes. Horigan et al (2021) studied one of the most significant experiences during covid-- loneliness-- finding that this condition was connected to feelings of anxiety and depression, which was linked with increases in drinking and drug use. Horigan et al identified interventions (i.e., mindfulness and counseling) that supported better mental health outcomes. In an article that addressed the relationship between covid-19 and mental health, Ivbijaro et al (2021) identified factors to reduce risks of suicide. Ivbijaro and colleagues suggested a whole systems approach that linked mental health services with fiscal policy, specifically targeted to low-wage workers and women. Similarly, Wasserman et al (2020) identified suicide prevention strategies that target the entire population, including promoting social support, improving access to mental health care, and increasing awareness about suicide. In addition, selective interventions for specific populations were identified.

Finally, research addressed the ongoing challenge of the opioid epidemic, which had seen some successes prior to covid. Davis et al (2020) and Alexander et al (2020) noted that policymakers and providers should take rapid action to lower barriers to treatment and to utilize innovative technologies that could provide treatment safely, and at scale. This research noted that antiquated regulations were an impediment to supporting patient success, and proposed that important changes, such as improving access to naloxone and decriminalization, would go a long way in this current moment.

_____

Author Biographical Information

Benjamin Gleason, PhD is the Director of Applied Research for the Prospectus Group. He earned a PhD in Educational Psychology & Educational Technology from Michigan State University, researching how to best support communities of learners through educational

technology. He is now Assistant Professor of Educational Technology at Iowa State University. Before academia, Benjamin worked in youth and adult-serving learning spaces, designing youth-initiated community service projects and teaching high school in Richmond, California, and working as a university instructor in Guatemala. Benjamin is also a founder of the Prospectus Group.

Tanner Brooks earned his BA in Political Science from Oberlin College and an MA (Distinction) International Studies and Diplomacy from the University of London School of Oriental and African Studies, where his thesis focused on examining the application of international human rights norms to the experience of child soldiers in Sierra Leone. He has a decade of experience in national and international activism, advocacy, and education, from working on political campaigns, nonprofits, and political action committees to writing and teaching politics and sociology as a professor in Tunisia. His recent work involves mentoring and tutoring teenage survivors of sex trafficking and providing counseling services at a suicide prevention call-line.