

# COVID-19 pandemic may lead to 75,000 'deaths of despair'

8 May 2020, by Serena Gordon



COVID-19 has directly claimed tens of thousands of U.S. lives, but conditions stemming from the novel coronavirus—rampant unemployment, isolation and an uncertain future—could lead to 75,000 deaths from drug or alcohol abuse and suicide, new research suggests.

Deaths from these causes are known as "deaths of despair." And the COVID-19 pandemic may be accelerating conditions that lead to such deaths.

"Deaths of despair are tied to multiple factors, like unemployment, fear and dread, and isolation. Prior to the COVID-19 pandemic, there were already an unprecedented number of deaths of despair. We wanted to estimate how this pandemic would change that number moving forward," said one of the study's authors, Benjamin Miller. He's chief strategy officer for the Well Being Trust in Oakland, Calif.

Prior to the COVID-19 pandemic, the Well Being Trust reported that more lives had been lost to

deaths of despair in 2017 than ever before.

"The primary response at the time was to look at the opioid epidemic, but that didn't even come close to cracking all of the issues of mental health related to deaths of despair," Miller explained.

Many things can contribute to deaths of despair, including loneliness, isolation, a lack of belonging, limited access to [affordable health care](#), systemic racism, trauma and financial concerns, like a lack of housing and food, according to the Well Being Trust.

The researchers pointed to several factors from the pandemic that could make problems worse:

- The potential for a serious, even deadly infection from a previously unknown microbe.
- An unprecedented economic shutdown.
- Skyrocketing unemployment.
- Months-long [social isolation](#) (mandated in many states), sometimes with no set end.
- Uncertainty about treatment and prevention strategies.

The new study combined information on deaths of despair in 2018 (nearly 182,000) with projected unemployment levels from 2020 to 2029, and economic modeling.

The upshot: With a rapid recovery and the smallest impact on deaths of despair, the COVID-19 pandemic would lead to nearly 28,000 additional deaths of despair.

But a very slow recovery combined with the greatest impact of unemployment could result in more than 150,000 deaths of [despair](#), the study estimates. Researchers think somewhere in the middle is most likely, with 75,000 additional deaths.

"The isolation is causing people to lose boundaries on their behaviors," Miller explained.

For example, with [social norms](#) on the back burner, some people are doing things they wouldn't normally—like drinking in the middle of the day. If that becomes a habit during social isolation, it may be hard to break and could lead to [alcohol abuse](#) and possibly later health problems.

Miller pointed out that the study is a projection, and projections can be imprecise. Plus, estimates can change for the better when people start tackling the problems.

The researchers said the biggest way to help prevent some of these deaths is to get people back to work.

"People have to be working and we have to get people connected to other people," Miller said.

Improving access to health care, including mental health care, is also key, he said. Then, it's important to integrate that care, so all providers are aware of both your physical and mental health. And, roadblocks to care—referrals, prior authorizations and other administrative hurdles—frustrate both patients and providers.

Dr. Elie Aoun, vice chairman of the American Psychiatric Association's Council on Addiction Psychiatry, called the [death](#) projections shocking but not surprising.

"I've been seeing this in practices and my colleagues have been talking about it, too," he said.

Aoun said social isolation has more consequences for the many vulnerable patients who suffer from depression, anxiety and addiction.

"Addiction patients are relapsing, and a lot of patients who don't have drug use or alcohol problems are drinking more now, sometimes every day from 4 or 5 p.m., and they don't stop until they sleep," he said.

Recent moves to ease restrictions on use of

telehealth for psychiatry visits has helped, he said. But, for some patients, a telehealth visit isn't as helpful as having to make the commitment to go to the office every week. Aoun is also concerned that telehealth restrictions may return.

Meanwhile, he urged people to go easier on themselves.

"Don't worry so much about productivity. Be lazy. You don't have to learn another language. But you do have to give yourself permission to feel your emotions," Aoun said. "If you try to suppress your emotions or numb them with drugs or alcohol, it prevents you from processing your emotions and being able to move past them."

Miller agreed.

"You have to be comfortable talking about how you feel. We have to be able to talk about the hard stuff," he said. "Ask family or friends, 'Are you OK?' I don't know anyone who hasn't had some sort of change because of this, so if the answer is always that everything is fine, maybe it's not."

The pandemic is giving society an opportunity to reflect on what works and what doesn't. Miller hopes one result will be a redesigned mental [health care](#) system.

The report—*Projected Deaths of Despair During the Coronavirus Recession*—was published May 8 by the Well Being Trust, and the Washington, D.C.-based Robert Graham Center for Policy Studies in Family Medicine and Primary Care.

**More information:** For more about preventing suicide, visit the [National Suicide Prevention Lifeline](#).

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