

A woman with long dark hair, wearing a dark ribbed sweater and blue pants, stands in a dimly lit room. She is covering her face with her right hand, suggesting distress or emotional pain. The background is a window with sheer curtains, through which soft light is visible. The overall mood is somber and contemplative.

# Mental Health Awareness

# State of Mental Health

More and more Americans are experiencing mental health illnesses, a study by Mental Health America says.

It's important to note that even though the study is dated 2022, the datasets analyzed are from 2019 — before the effects of the COVID-19 pandemic.

“Our report illuminates the continuing crisis both in the prevalence of mental health conditions and in access to mental health services,” Schroeder Stribling, president and CEO of Mental Health America said. “It is clear that we must do more to ensure that Americans are able to lead mentally healthy lives.”

The organization's 2022 State of Mental Health study found that nearly 50 million Americans have experienced a mental illness in 2019, and more than half of those people went untreated. That's a number that has increased every year since 2011, the group said.

Both adults and youth in the U.S. lack adequate insurance coverage for mental health, Mental Health America said.

Suicidal ideation — where someone actively imagines and may even plan committing suicide — is also increasing among adults and has every year since 2011. Nearly 5% of American adults report-



ed having serious thoughts of suicide in 2019. Substance use is also on the rise. Nearly 10% of U.S. adults had a substance abuse disorder in the past

year, the survey found.

Among youth, more children are reporting major depression than in previous years. The study found that

15% of youth experienced a major depressive episode in the past year, a 1% increase from 2021. Multiracial youth are at the greatest risk for

severe depression, the study showed, with one in every seven multiracial youth reporting severe depression.

A more startling statistic is that fewer than one in three children with severe depression receive consistent mental health care and substance abuse is on the rise, including alcohol usage.

While that study's data was from 2019, the organization also conducted screenings during the pandemic that suggested the COVID-19 pandemic didn't improve Americans' mental health.

“We are in the midst of a twin pandemic in 2022, we are battling both the public health crisis introduced by COVID-19 and a mental health crisis,” Stribling said. “If we ignore the mental health crisis happening, it will linger for decades to come.”

Those screenings found that nearly two thirds of people screened for depression in 2020 had severe or moderately severe symptoms. Of those who scored severe depression, 70% had never been diagnosed with a mental health condition.

“We are witnessing a historic increase in various mental health conditions,” said Deborah Dunsire, president and CEO of pharmaceutical company Lundbeck, who partnered with MHA in creating the COVID-19 screenings and dashboard. “Companies, governments, academia and society need to act together to find solutions for this global mental health crisis.”



# What Is Compassion Fatigue?

Compassion fatigue describes the physical, emotional and psychological impact of helping others through experiences of stress or trauma and often taking on some of their trauma yourself, according to WebMD.

After two years of the COVID-19 pandemic, mass shootings, natural disasters, war and more, many more people are suffering from this affliction than ever before.

## COMPASSION FATIGUE OR BURNOUT

Burnout can be a component of compassion fatigue, according to the American Psychological Association.

For many health care and other frontline workers, their compassion fatigue is often mistaken for burnout. But it's more specific than that. People aren't just tired; they've mixed in the stress of traumatic events with their own. It's closely linked to secondary traumatic stress.

All three of these conditions are more likely to impact people in caregiving professions, which can include health and mental health care workers, first responders, legal workers and other service providers.



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## SIGNS OF COMPASSION FATIGUE

Compassion fatigue at its worst can severely inhibit your ability to do your job or even complete daily activities for yourself. Watch for these symptoms:

- Mood swings, pessimistic

thoughts, becoming cynical, overly irritable and quick to anger.

- Detachment and withdrawal from one's social connections.
- Compassion fatigue is increasingly linked with self-medication and addiction.

- Feelings of anxiety or depression.

- Trouble concentrating or remembering details.
- Experiencing lack of sleep or exhaustion.
- Changes in appetite and digestive issues.
- Headaches.

## TREATMENT

Compassion fatigue can be overwhelming. If you notice your symptoms interrupting your life and your ability to work, talk to your doctor. You may be referred to a psychologist or psychiatrist specializing in trauma.

While the right treatment depends on your own experience, some common treatments include:

- Improved self care, such as taking the time to eat well, stay hydrated, get enough sleep, exercise and relax.
- Talking to a therapist or psychiatrist, particularly one who specializes in trauma.

You may also want to discuss your feelings with your supervisor and co-workers. You're probably not the only one feeling this way, and it's possible that your workplace may be able to take steps to lighten your load. Having a sense of community can also help you heal and prevent any further bouts of compassion fatigue.

"It may not sound fancy or sophisticated, but building community is the most powerful thing you can do," said Geoffrey White, a psychologist who worked to prevent compassion fatigue in mental health practitioners responding after terrorism and war, to the American Psychological Association. "Compared with other societies, the United States has a very mind-your-own business culture, prizing independence and self-reliance over community. But anything that takes away from that isolation — peer support — will help."

# Suicide Warning Signs

Suicide is the 12th leading cause of death in the United States.

In 2020, the latest year for which statistics were available, 45,979 Americans died by suicide and there were an estimated 1,200,000 suicide attempts according to the U.S. Centers for Disease Control and Prevention. On average, there are 130 suicides per day. Here are some warning signs that you can look for that may prevent one of those deaths.

## RISK FACTORS

There are some things that make it more likely that someone will consider, attempt or die by suicide, the Suicide Prevention Lifeline says. Those risk factors include:

- Mental disorders, particularly mood disorders, such as schizophrenia, anxiety disorders and personality disorders.
- Alcohol and substance abuse disorders.
- Hopelessness.
- Impulsiveness or aggressive tendencies.
- A history of trauma or abuse.

- Major physical illnesses.
- Previous suicide attempts.
- A family history of suicide.
- Job loss or financial loss.
- A loss of relationships.
- Local clusters of suicide.
- A lack of social support and sense of isolation.
- Lack of health care, especially mental health and substance abuse treatment.



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## KNOW THE WARNING SIGNS

If you or someone you know exhibits any of these warning signs, seek help immediately. You can call the Suicide Prevention Lifeline at (800) 273-8255 24 hours a day, seven days a week.

- Talking about wanting to die or killing themselves.

- Looking for ways to kill themselves, such as searching online or buying a gun.
- Talking about feeling hopeless or having no reason to live.
- Talking about feeling trapped or in unbearable pain.
- Talking about being a burden to others.
- Increasing use of alcohol

or drugs.

- Acting anxious or agitated. Behaving recklessly.
  - Sleeping too little or too much.
  - Withdrawing or isolating themselves.
  - Showing rage or talking about seeking revenge.
  - Extreme mood swings.
- In 2022, 988 was designated

as a new three-digit calling code that will route callers to the National Suicide Prevention Lifeline. When people call, text or chat 988, they can connect to trained counselors that will listen, provide support and connect them to resources. You will still be able to call (800) 273-8255 at any time, even after 988 is active.



# Blood Test a Breakthrough

Researchers at the Indiana University School of Medicine have discovered a blood test that may offer new hope for treatment of depression and bipolar disorder.

The study, published earlier this year in *Molecular Psychiatry* and funded by the National Institutes of Health, was led by Dr. Alexander B. Niculescu.

“This is part of our effort to bring psychiatry from the 19th century into the 21st century,” Niculescu said in a news release. “To help it become like other contemporary fields such as oncology. Ultimately, the mission is to save and improve lives.”

The IU team developed a blood test of RNA biomarkers that can distinguish how severe a patient’s depression is, their risk of severe depression in the future and their risk of future bipolar disorder. It also can inform tailored medication choices for patients.

“Through this work, we wanted to develop blood tests for depression and for bipolar disorder, to distinguish between the two and to match people to the right treatments,” Niculescu said. “Blood biomarkers are emerging as important tools in disorders



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where subjective self-report by an individual, or a clinical impression of a health care professional, are not always reliable. These blood tests can open the door to precise, personalized matching with medications.”

IU’s team also found that mood disorders are governed by circadian clock genes, the

same that regulate seasonal, day-night and sleep-wake cycles. It explains why some patients get worse with seasonal changes.

“We’ve worked hard over the years to identify blood biomarkers for neuropsychiatric disorders,” Niculescu said. “Given the fact that 1 in 4 people will have a clinical mood

disorder episode in their lifetime, the need for and importance of efforts such as ours cannot be overstated.”

This study builds on Niculescu’s previous research into blood biomarkers that track the risk of suicide, pain, post-traumatic stress disorder and Alzheimer’s disease. During the course of this study,

Niculescu’s team also identified a new potential medication to treat depression.

“We have pioneered the area of precision medicine in psychiatry over the last two decades, particularly over the last 10 years,” Niculescu said. “Blood biomarkers offer real-world clinical practice advantages.”



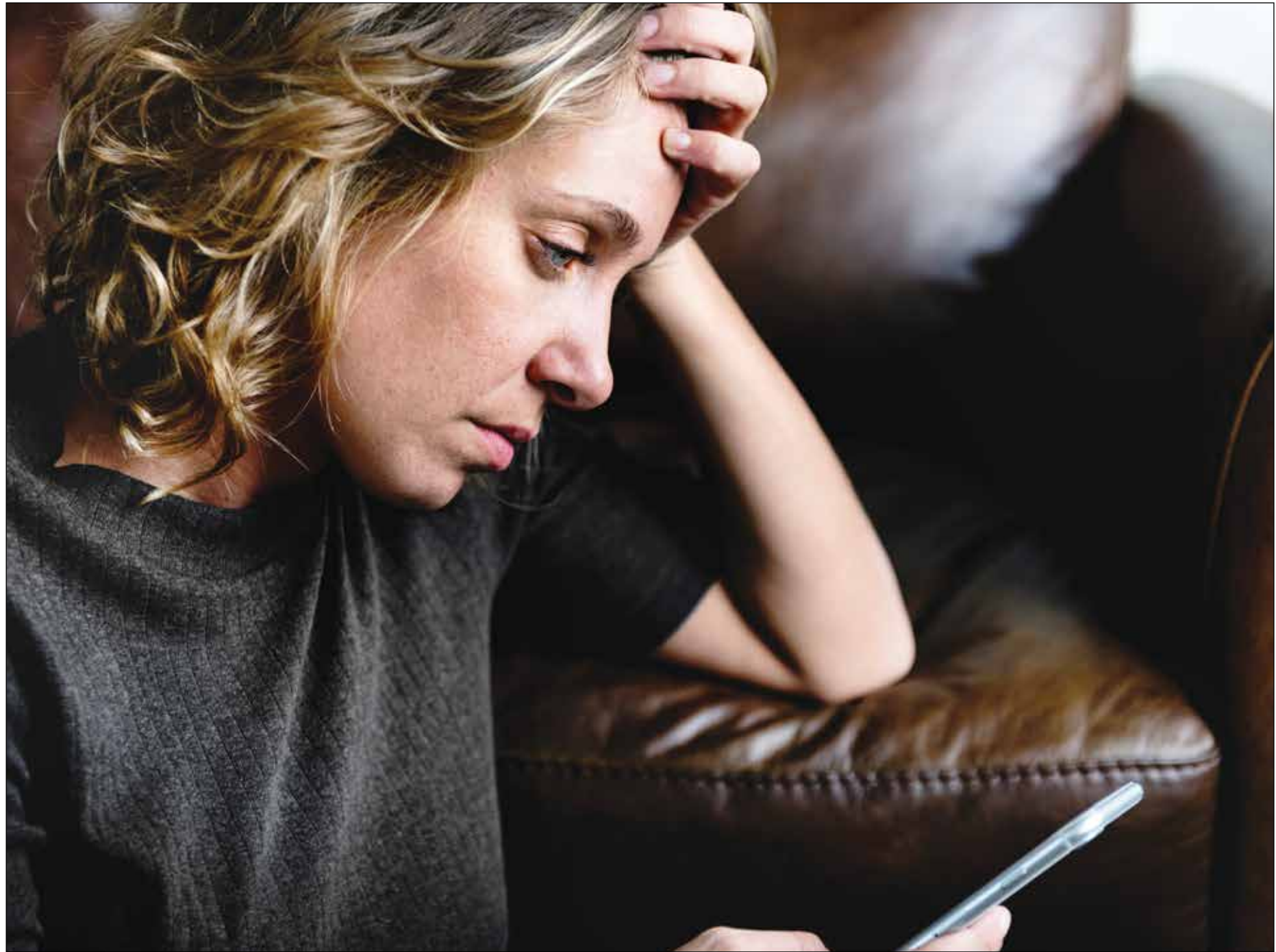
# Social Media and Mental Health

Likes, clicks, Instagram, comments, Facebook, TikTok — social media is everywhere. And so is the temptation to compare yourself to the carefully curated images you see online. That can be bad for your mental health.

Using social media activates the brain’s reward center, McLean Hospital said. In response to using social media networks, your brain releases dopamine, a feel-good chemical linked to pleasurable activities such as sex, food and social interaction. According to Pew Research Center, 69% of adults and 81% of teens in the U.S. use social media.

“Think of the slot machine: If game players knew they never were going to get money by playing the game, they would never play. The idea of a potential future reward keeps the machines in use,” psychologist Jacqueline Sperling said. “The same goes for social media sites. One does not know how many likes a picture will get, who will like the picture and when the picture will receive likes. The unknown outcome and the possibility of a desired outcome can keep users engaged with the sites.”

Fear of missing out also comes into play. When every-



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one else is using social media, not using it leads to a fear that you’ll miss out on jokes, interactions and experiences. That creates anxiety and depression and can even affect your physical health.

A 2018 British study tied social media use to decreased, disrupted and delayed sleep.

Penn Medicine says to be on

the lookout for these warning signs of unhealthy social media behaviors:

- Feeling increased anxiety, depression or loneliness.
- Spending more time on social media than with friends and family.
- Comparing yourself with others or frequently feeling jealous.

- Being trolled or cyberbullied online.

- Engaging in risky behaviors or outrageous photos to gain likes and comments.

- Noticing that your school and work relationships are suffering.

- De-prioritizing self-care.

If social media is becoming a problem in your life, try setting

it aside. Distract yourself by planning a (face-to-face!) gathering, getting out and exercising, finding a place to volunteer or otherwise getting away from the screen. Be open to talking to your health-care provider about your feelings. They can screen you for depression and anxiety and recommend a treatment that’s right for you.

# Accessing Telehealth Services

The COVID-19 pandemic changed a lot of things in health care, including sparking an explosion in telehealth or telemedicine services.

In this way of delivering health care, providers and patients connect via secure software that allows them to chat, video chat and talk via a computer, tablet or smartphone. Patients can connect from their home or office, and providers from theirs. This reduces time off and transportation costs, and, of course, exposure to illness for both patient and provider.

Mental health is one of the areas to see a huge growth in telehealth providers. Many people the U.S. lack access to adequate mental health services — more than half of U.S. counties have no psychiatrists — and telehealth can help cure that problem.

The National Alliance on Mental Illness said that, because of COVID-19, the federal government and insurance plans expanded access to telehealth services, including mental health, for millions of Americans. The success of telehealth during the pandemic points to a bright future for both providers and patients in the telemedicine space.

“Patients can meet with us in their car on a lunch break, which is wonderful,” Dr. Paula



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Zimbrian, a Yale Medicine psychiatrist said. “This is all about expanding access, and it achieves that. Plus, there are a lot of follow-up visits that can be done like this, and hopefully elements of telehealth stay with us.”

Telehealth is a remarkable

advance in treatment, but it should be noted that it’s not perfect for every situation. For instance, family crises, suspected abuse, suicidal ideation need in-person visits. And some therapeutic techniques don’t translate as well over the screen.

“There’s something called ‘therapeutic silence,’ and it doesn’t feel the same way over a screen,” Yale Child Study Center child psychologist Paige Lembeck said.

But most providers see telehealth as here to stay, even after the pandemic abates.

“It’s much easier for people to schedule a visit and they don’t have to drive there and then wait to be seen,” Yale’s Paul Desan said. “I don’t think the mental health system will ever go back to all in-person sessions as long as the insurers keep paying for it.”



# Finding a Therapist

Therapy is a deeply rewarding experience for many people, but finding a therapist that you connect with can be a challenge.

Researchers say that the bond between you and your therapist directly impacts your growth, Healthline says, so it's important to find the right therapist for you.

Here are some tips for finding the right match.

## LOOK THROUGH YOUR PROVIDER DIRECTORY

If you're planning to pay for your therapy through your insurance, look through your plan's network to find out who is covered. You should also look for how many sessions your plan covers and familiarize yourself with your plan's mental health coverage policies, including copays and deductibles.

## TALK TO PEOPLE YOU TRUST

Ask for referrals from the people around you that you trust. Recognize, however, that you may have different needs and goals for your therapy than your friends and family. A good match for them may not necessarily work for you.

## SEARCH ONLINE

Look through reputable databases to find lists of providers in your area. Healthline



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suggests starting with the American Psychological Association, the American Association of Marriage and Family Therapists, and the Association of LGBTQ+ Psychiatrists.

## REACH OUT TO ORGANIZATIONS

You may also, in the course of your research, find that there are organizations for your specific concern. You can consult with those groups to find a provider near you.

Some examples are the National Center for PTSD, the National Eating Disorders Association, and the Anxiety and Depression Association of America.

## THINK ABOUT YOUR GOALS

Before you start seeing someone, think about your goals in therapy and what you want to accomplish. If, for example, you want to try a new medication, you'll need to find a provider that can write

that prescription. It's OK if your goals change as you work with your provider. Your needs may evolve and that's fine. Just keep your therapist in the loop as you progress.

### Ask Questions

Another thing to do before you start seeing someone is to write down all of the questions you have. Some questions the American Psychological Association suggests are:

- Are you a licensed psychologist in this state?

- How many years have you been practicing?

- How much experience do you have with (your issue)?

- What do you consider to be your specialty?

- What kinds of treatments have you found effective with (your issue)?

- What insurance do you accept? Are you a part of my network?

- Will I need to pay you directly and then seek reimbursement from my insurance company?