Understanding Deaths of Despair – Impact and Cause

"More Americans could lose their lives to deaths of despair, deaths due to drug, alcohol, and suicide, if we do not do something immediately. Deaths of despair have been on the rise for the last decade, and in the context of COVID-19, deaths of despair should be seen as the epidemic within the pandemic. We can prevent these deaths by taking meaningful and comprehensive action as a nation"

In the Spring of 2020, the Robert Graham Center American Academy of Family Physicians in Partnership with the Well Being Trust released a report titled *Projected Deaths of Despair from COVID-19* which examined the growing rates of deaths of despair in the United States leading up to and through the COVID-19 pandemic. **Deaths of despair are defined as deaths due to drug, alcohol, and suicide and are often associated with socioeconomic factors.**

The report identifies three drivers already at work during the pandemic that are likely to increase the rate of deaths of despair nationwide:

- Economic failure with massive unemployment
- Mandated social isolation (months) with residual isolation (years)
- Uncertainty created by the sudden emergence of a new threat

2018 NATIONWIDE DEATHS OF DESPAIR
Data: CDC Wonder

181,686
Deaths

327,167,434
Population

55.5
Rate per 100,000

CO 2018 rate: 72.5 per 100k

Factors Examined for Analysis:

- **Suicide** – A correlation between a 1-point unemployment rate increase and suicide rates is between 1% and 1.6%. Substantially lower rates are observed in countries with protective labor market policies.
- **Drug Overdose** – A 1-point increase in unemployment correlates to a 3.3% increase in drug overdoses and 3.6% for opioids.
- **Alcohol** - Results of studies for alcohol are mixed; overall consumption reduced during the Great Depression, but binge drinking increased.
- **Social Isolation** – Increases in deaths of despair related to additive effects of isolation and uncertainty are calculated for 1%, 1.3%, and 1.6% increases in (DoD) for a 1-point increase in unemployment.

Study Projections:

Across nine different scenarios examined by the researchers, additional deaths of despair ranged from 27,644 (quick recovery, smallest impact of unemployment on deaths of despair) to 154,037 (slow recovery, greatest impact of unemployment on deaths of despair).
An economic recovery 4 times faster than the Great Depression will reduce the accumulation of additional deaths to 4 years compared to 10 years if recovery is at the same rate as the Great Depression.

Citation: Petterson, Steve et al. "*Projected Deaths of Despair During the Coronavirus Recession*," Well Being Trust. May 8, 2020. WellBeingTrust.org, wellbeingtrust.org/wp-content/uploads/2020/05/WBT_Deaths-of-Despair_COVID-19-FINAL-FINAL.pdf

Reported Recommendations:

The report encourages all state and national policy makers to "abide by good science, and make sure that testing and contact tracing is occurring at adequate levels" when making decisions about re-opening. Policies that maintain infection control while addressing the mental health and addiction needs of the people will balance the impact of COVID-19 across all sectors. To help stem the tide of deaths of despair during and past the pandemic, the report offers the following policy recommendations:

GET PEOPLE WORKING:
"The literature is clear that unemployment is a risk factor for suicide and drug overdose as well as a decrease in overall health status. To this end, policy solutions must focus on providing meaningful work to those who are unemployed. Let us make sure that we provide additional training to these front-line workers to assure that they are capable of also addressing issues of mental health and addiction as they will likely encounter them as well."

GET PEOPLE CONNECTED:
"We are physically distant but must socially connect (Bergman et al, 2020). Communities have created innovative solutions for connecting with their neighbors like singing (or howling) from their balconies and porches. Many communities may not have the bandwidth or internet access to support video connections. Policies that support small non-profit organizations, faith communities, and community solutions can provide opportunities to get people connected to their neighbors (Felzien et al., 2018)."

GET MENTAL HEALTH INTEGRATED:
"We must immediately engage all COVID-19 response and recovery efforts in mental health screening and treatment. It is not just the job of mental health clinicians, or even primary care, to find and treat all those suffering from the mental health impacts of unemployment, social isolation, and the fear of uncertainty. As we create teams to test, track and trace COVID-19 infections, we must also test, track, trace, and treat patients suffering from mental health and substance use disorders."

GET PEOPLE FACTS:
"Every leader offering a briefing on the topic should provide informative leadership on the topic of mental health by describing its impact, ways people can get help, and what to expect from the pandemic."

OFFER A VISION FOR THE FUTURE:
"COVID-19 opens up the door to offer a new vision for the future of health care in this country. Mental health should be central to that vision. Care that is fragmented only creates roadblocks for patients and families. Referrals, prior authorizations, and other administrative barriers have historically led to frustration by all parties, including clinicians. It is essential to bring mental health and addiction care into the fabric of a redesigned vision of clinical care, as well as across community settings."

GET PEOPLE CARE:
"Policies that support creative opportunities for care delivered at home, virtually or in-person will provide comfort and safety. The idea of a home visit or a house call is not new, and for professions like primary care, it can be a major benefit for countless. The artificial walls we have created around who can be seen where, by whom, and for what, have not been proven to work effectively for mental health."

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