

THE COVID-19 PANDEMIC

Our mental health crisis won't end with COVID

The pandemic has forced us to focus on the mental well-being of ourselves and our neighbors. Let's keep that conversation going.

Denisse Bergondo *Guest Columnist*

As we move into the second phase of the pandemic, there has been a great deal of evidence — including findings from the CDC — that COVID-19 has taken a toll on Americans' mental health, with groups like teens, the elderly, and racial and ethnic minorities being hit disproportionately harder. It's tempting to think that with life seemingly getting back to normal, mental health issues will dissipate, but that couldn't be further from the truth.

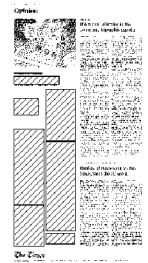
Many people are still experiencing stress, sadness, fear, and loneliness and mental health disorders like anxiety and depression following increased isolation, education and employment challenges and a myriad of other related issues can have a long-lasting impact and implications. Further, the pandemic has shed light on social and racial injustices and inequities that may have further exacerbated the problem.

The fact is, the mental health crisis that is being attributed to COVID-19 is not new — even before COVID-19, the prevalence of mental illness among adult Americans had been increasing for many years. According to the CDC, more than 50% of Americans will be diagnosed with a mental illness or disorder at some point in their lifetime, and 1 in 5 will experience a mental illness each year, according to The National Alliance of Mental Illness (NAMI). Despite these astonishing numbers, mental illness is still a topic that is often dismissed or avoided but in recent months it has gotten more difficult to ignore.

One unintended consequence of

COVID-19 is that it has forced the conversation about the importance of acknowledging and focusing on the mental health and overall well-being of ourselves and of our communities. We need to keep that conversation fresh and ongoing. Here are a few points to keep in mind:

- › **Don't use mental illness as a scapegoat for violent crimes.** Mass shootings have tragically become part of our culture, and, too often, the assumption of the media and the general public is that the perpetrator suffered from mental illness that triggered the violent behavior. People with mental illness are not automatically driven to violent behavior, and that should never be an automatic assumption. These automatic attributions create unnecessary fear and anxiety and can make it more difficult for people to access care.
- › **Get help.** Take care of your body and take care of your mind. Ensure that you are eating healthy, moving your body and getting enough sleep. Take breaks from negative and upsetting content in the news and in the media. It is OK to acknowledge that you might be experiencing symptoms of mental illness and need help. We do not hesitate to reach out to a medical doctor when we need to take care of our bodies; we do not have to wait until we are overwhelmed or in danger to seek help from a mental health professional when we need to take care of our minds. There are a variety of excellent mental health resources available both online and in-person that are open and willing to work with you at any time.
- › **Reach out.** Stay connected to your friends and loved ones. If you think someone is exhibiting signs of mental illness, let them know they are not alone and help steer them toward potential resources. One positive outcome of COVID-19 is the increased availability of mental health tele-services, making it easy to see healthcare



practitioners from the safety and comfort of your own home.

- › **Start a conversation.** Many people suffer in silence, many of whom remain untreated because they may not know that it is time to seek help, how to seek help, or how they will cover the costs of seeking help. In New Jersey alone, there are a number of nonprofit organizations that can help you navigate the mental health system and ensure that those with serious and persistent mental illnesses have the opportunity to access the services they desperately need. In addition, there are numerous doctors, mental health practitioners and hospital groups, community mental health centers and care facilities that are ready to support those with mental illness and mental health needs. Many people do not know of all the resources that exist in their communities simply because they are hesitant to ask. Starting a conversation can lead to a plethora of information and access to support systems that you may not have realized are easily accessible to you and your loved ones.
- › **Be mindful of what you say.** Casually using words that describe mental health issues or conditions in a pejorative manner reinforces mental health stigmas. Refrain from saying things like, “he’s got a loose screw,” “she’s crazy,” or “she’s acting insane.” These descriptors perpetuate stereotypes and unfairly label and denigrate the behavior of people who may be struggling with mental illness.

Let’s not let reopening mean a return to “normal,” and let’s take this opportunity to continue to normalize these difficult conversations to help address the mental health crisis that has long preceded COVID-19 so that we can all have the opportunity to live in and be a part of our communities.

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