

As coronavirus rolls on in Maryland, mental health toll surges, with experts fearing spike in suicides

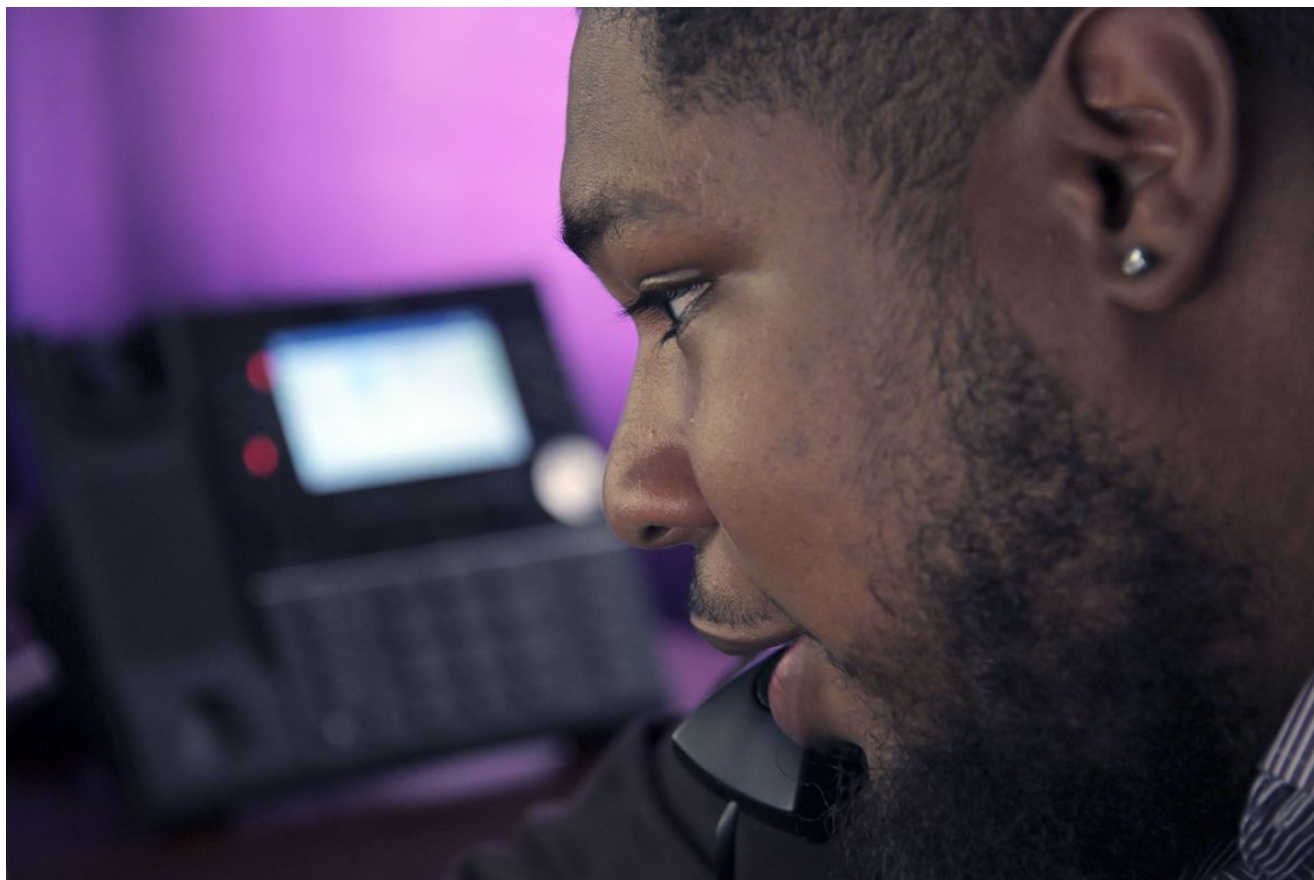
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Features

By Yvonne Wenger
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Elijah McBride, a counselor at Baltimore Crisis Response Inc., which runs the Here2Help hotline, takes calls from his workstation. He speaks to a spouse, whose partner was manic and refusing to accept help. (Karl Merton Ferron/The Baltimore Sun)

The voices on the other end of the Baltimore crisis hotline are desperate. An elderly woman is stuck in her home. Her adult kids are too afraid to expose her to the coronavirus, so they won't visit her. She is lonely. Her dark thoughts are scaring her.

Another caller, a man, is thinking about dying by suicide. He lost his job and says he will soon lose his home. A nurse dials for help. She has seen too many people deteriorate from COVID-19, and she feels swallowed up by depression. The call takers offer support, dispense advice on where to find services and, in emergencies, send immediate help.

Calls to Baltimore's crisis hotline have doubled during the coronavirus pandemic. Mental health practitioners and suicide experts say they're on watch and responding to help treat the alarmingly high levels of depression and anxiety Marylanders have reported since the outbreak started seven months ago. The fear is the novel coronavirus will exacerbate the suicide epidemic — and the worst could be yet to come.

“We’ve had people say, ‘I wish this pandemic would stop.’ ‘My loved one has died from COVID-19.’ ‘I have COVID-19.’ ‘Can I go outside?’ ‘I just want to die,’” said Elijah McBride, who answers as many as calls as he can from a center on Greenwich Avenue near Route 40. His job: to save a life.

“It is a very trying time,” said McBride, a 23-year-old Baltimore man whose family members have relied on the hotline in the past. He has been a counselor for more than a year and says many more people are calling with anxiety and depression than before the pandemic.

One measure of the mental health toll is the increase in calls to this hotline — 410-433-5175 — recently rebranded as Here2Help. The number of calls to the hotline spiked from about 2,800 in April to 5,700 in July, the most recent month for which data is available. Also since the pandemic hit, the number of callers threatening suicide soared, from about 75 to 380. To respond to a crisis, hotline workers can deploy mobile teams, arrange for inpatient care or help guide callers to therapy. Sometimes, the staff are simply there to talk, and to listen.

The need is great. Across Maryland, one in three people say the pandemic has left them feeling anxiety or depression, according to a survey by the Centers for Disease Control and Prevention conducted from Aug. 19 to Aug. 31. The rate has been as high as about 40% in Maryland.

Disaster research shows an increase in suicides typically follows a catastrophe, but the number of people who have taken their own lives during the pandemic will not be publicly released for many months due to a lag in the public release of data. Even so, state officials say they are monitoring real-time data that does not yet show an overall uptick.

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Dr. Paul Nestadt, co-director of the Anxiety Disorders Clinic at Johns Hopkins Medicine, said he is especially concerned about the pandemic's mental health impact on Black and brown communities.

The Black and Latino communities have endured disproportionate consequences, from higher rates of infection to catastrophic job losses. Nestadt said that puts minorities at high risk of depression and suicide, given the stress from unemployment and grief of losing loved

ones, among other factors.

Nestadt pointed to a study after the 2003 Severe Acute Respiratory Syndrome epidemic in Hong Kong as evidence for concern. The outbreak killed 774 people worldwide, a third of them in Hong Kong. Research showed a spike in suicides driven largely by a vulnerable population — elderly women, who were isolated during the outbreak.

Maryland, like the rest of the U.S., has seen a steady rise in suicides, which increased from 472 in 2005 to 650 in 2018, the last year for which public data is available. Overall, the suicide rate in the country is up 35% in the last two decades. In 2018, more than 48,000 people died by suicide in U.S., according to federal data.

Suicidal ideation among young people during the pandemic is staggering. In June, a CDC study found 24% of people ages 18 to 24 had considered suicide within the past month. Overall, 10% of people who responded to the survey said they had thought about taking their life, up from 4% in a similar 2018 study.

Experts are also monitoring suicides among members of the military. The Associated Press reported this month that military suicides have jumped by as much as 20% this year compared to the same period in 2019. The increase is even greater for suicides among active duty soldiers. Those deaths are up 30% in 2020, rising from 88 last year to 114 this year.

Leaders in the Armed Forces say, even as the causes of suicide are complex and the data is incomplete, they believe the outbreak has added stress to service members already struggling with war-zone deployments, national disasters and civil unrest, according to the report.

Nestadt said people should not be scared to check on the mental health of their friends and family or ask directly whether they are struggling with suicidal thoughts.

"Depression is treatable, and treatment is available," Nestadt said. "Most people who don't die in an attempt get treated, and they don't attempt suicide again."

Tevis S. Simon of Station North worries about African American families being conditioned to rely on their own grit to survive any melancholy or sorrow, rather than see a therapist or seek other treatment.

A Black woman, Simon, 42, said she was taught to smile and endure any hardships, giving her challenges to God and working to "pray that thing away." But when she faced some serious struggles about a decade ago, Simon said, she began to understand the power of reaching out for help to manage her generalized anxiety disorder. She is leaning on that foundation now to help her get through the pandemic, including ongoing telemedicine visits with her therapist, journaling and volunteering in the community.



To help her get through her anxiety around the pandemic, Tevis Simon of Baltimore relies on a therapist, journaling and volunteering. She also takes walks, here with her 16-month-old grandson, Kairo Figueroa. (Barbara Haddock Taylor / Baltimore Sun)

Simon said she is grieving the loss of her aunt to COVID, navigating her fears about contracting the disease and coping with the disappointment of missing out on so many first-time experiences with her first grandchild, who is about a year and a half old. She is sad about the nights out with friends that have been lost and anxious about the way the virus will change the holiday season.

“I am a gorgeous, chocolate woman who doesn’t look like she’s lost a single battle, but I have fought a lot of battles,” said Simon, who is a peer-to-peer mentor at the state chapter of the National Alliance on Mental Illness and owns Walk by Faith, a consulting business that provides mental health and substance abuse services.

“It has been a depressing time. It is really hard. There has been a lot of tears, a lot of anxious moments throughout the day.”

Dr. Aliya Jones, deputy secretary of the Maryland Department of Health and head of the Behavioral Health Administration, said the pandemic brings so many unknowns related to how people will manage the distress they feel.

Disaster research shows alarming mental health outcomes — including an increase in suicides — but the data is based on catastrophes that have a clear beginning and end, such as an earthquake or hurricane.

Given the precariousness of the pandemic, Jones said the state is closely monitoring all available data so officials can deploy resources as needs arise. She said her team is in constant communication with the state’s chief medical examiner and emergency rooms to monitor suicides and attempts and look for patterns, so they intervene when possible before future attempts.

Even though the analysis does not show an overall increase in suicides so far, Jones said behavioral health experts remain gravely concerned.

“The world, in recent history, has not experienced anything like this,” Jones said. “We don’t know what the long-term effect of it might be.”



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Jones said to help people manage the depression and anxiety they are feeling, the state has expanded the availability of telemedicine. Maryland also launched a texting initiative called “[MD Mind Health](#)” to combat social isolation by reaching people on their phones to connect and offer wellness tips. And the state also is partnering with NAMI to provide resources to people who test positive for COVID.

At Sheppard Pratt Health System, one of the nation’s leading mental health providers, Dr. Deepak Prabhakar said they’re seeing an increase in demand for services. And to help meet the need, the institution [created a virtual walk-in clinic](#) for people experiencing an urgent mental health problem. Between April and August, the innovative telemedicine clinic resulted in 1,000 crisis evaluations and more than 2,000 follow-up appointments.



Dr. Deepak Prabhakar, medical director of outpatient services for Sheppard Pratt Health System, sees the mental health toll of COVID every day. More than 1,000 patients have been seen at the system's virtual walk-in mental health clinic since the pandemic started. (Kenneth K. Lam)

Prabhakar, medical director of outpatient services, said the clinic helped keep people out of emergency rooms and allowed them to get help without having to juggle child care, work or transportation challenges.

He said the problems people are facing are stacked on top of each other: from uncertainty around child care and schooling to fears about getting laid off or contracting a potentially deadly illness.

“I am very concerned,” Prabhakar said. “Quite frankly, even in 2020, we do not take mental health as serious as any other health issues.

“As much as 40% of people are reporting anxiety and depression. If 40% of people were spreading an infection from one person to another, don't you think we would be talking about this at a whole other level?”

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