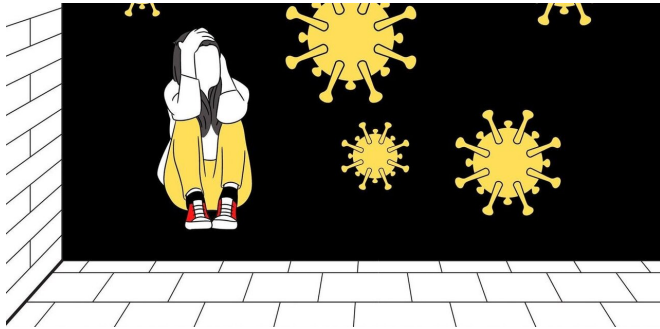


COVID-19's parallel pandemic: Why we need a mental health 'vaccine'

24 March 2021, by Renée El-Gabalawy and Jordana Sommer



Early evidence suggests that younger people are at the highest risk of poor mental health outcomes from the COVID-19 pandemic. Credit: Canva

Younger people are at lower risk of severe health outcomes if they develop COVID-19, and are therefore not a priority group for vaccine rollout. However, a silent mental health pandemic wave is in full force, and this time it is targeting younger age groups.

It is well recognized that older age groups (ages 60+) are at [increased risk of severe illness and death if they develop COVID-19](#). As such, several regions are [rolling out vaccines according to age](#), with priority for older adults.

The pandemic's mental health impact by age

The pandemic's impact on mental health throughout our society will likely outlive COVID-19. As [clinical psychologists](#) and trauma researchers, our team is interested in understanding mental health risk and resilience factors during COVID-19. In terms of high-risk groups from a mental health perspective, early evidence suggests that the age trends are inverted, where younger people are at the highest risk of poor mental health outcomes.

Our [recent study](#) published in the *Canadian*

Journal of Psychiatry looked at early anxiety symptoms during the pandemic. In close to 50,000 Canadians across several age groups, we showed this trend.

There were clinically significant levels of anxiety in 36 percent of younger Canadians (ages 15-34), followed by 27.1 percent of people aged 35 to 54, and finally 14.5 percent of those 55 and older. Younger people also had more COVID-19 worries compared to older groups.

These early trends of age-related differences in mental health symptoms have also been shown in other studies, both [COVID-19 specific studies](#) and pre-COVID-19 research. Indeed, [our previous research](#) has shown that older adults have lower rates of common mental disorders such as anxiety and depression.

[One theory is that older adults have advanced cognitive and behavioral strengths](#) that allow them to have greater emotion regulation. These strengths are developed over time as a result of age-related changes in perspective.

From this viewpoint, older adults may have a learned "antibody" against the COVID-19 mental health impacts. Nonetheless, despite these apparent strengths in older groups, mental health symptoms are elevated across all ages compared to pre-COVID times.

Pandemic mental health 'vaccination'

As with the development of the vaccine to reduce the physical health impacts of the pandemic, we must also consider how to address the mental health impacts. If we had a mental health "vaccine," what might that look like? Based on the research related to collective or mass traumas (traumas affecting large groups of people), we are best suited to aim for secondary prevention.

Secondary prevention means reducing the effects of a disease when the disease is already present in its early form. Essentially, it means preventing it from worsening. In the context of mental health, this would mean targeting mental health symptoms early in order to decrease major long-term effects.

[Early intervention research](#) suggests that cognitive behavioral therapies (CBTs) can be especially effective at reducing the risk of worsened mental health issues. It may be appropriate to implement a "CBT-vaccine" for those showing early elevated symptoms. If so, younger people would be a high-risk group to target for priority prevention.

Younger people have higher rates of anxiety and other mental health problems. There is also [early evidence](#) to suggest that when mental health symptoms are present, younger people may have worse outcomes than older groups (similar to current poorer physical outcomes we are seeing when [older adults](#) develop COVID-19), but this research is mixed.

What we do know is that mental health problems, especially when long-lasting, can have a major impact on quality of life, daily functioning and physical health, including illness onset and death, for all ages. Longstanding issues may result in loss of employment and are costly for our health-care system.

Mental health must be a priority across all ages, but may be especially important in [younger people](#). We need to engage in similar efforts toward applying a widely accessible mental health "vaccine" as we are doing for the COVID-19 vaccine if we truly want to get all elements of this pandemic under control.

Unfortunately, for many, receiving scientifically supported treatments delivered by a qualified mental health professional [is a luxury](#). Services are difficult to access, especially during this time when the need is higher. Long term, we must continue investing in mental health professionals to meet the service needs of the population.

The initial dosage is digital

Due to the limited supply of qualified mental health

professionals, a good place to start may be providing widely accessible and scientifically supported online CBT programs. This would eliminate difficult decisions regarding prioritizing access to care.

Although people recognize the current need for mental health supports, there has been confusion regarding available resources. Uptake has also been low to moderate for publicly funded online mental health programs. In a [nationally representative Canadian study](#) conducted in late May, only two percent of Canadians reported using virtual mental health resources.

Publicly funded programs such as [Wellness Together](#) and [AbilitiCBT](#) are also limited by the duration and frequency of usage available, and there is little scientific information about understanding how these pandemic-specific programs may reduce mental health symptoms, and who might benefit the most. Internet or app-based CBT programs widely vary in terms of content, level of engagement and how effective they are. In a [recent publication on digital advancements in mental health](#), the authors accurately state: "We applaud investments in virtual mental health services by governments and industry but caution that a thoughtful approach is needed to direct those resources to realize its full potential."

Providing effective online self-guided programs could potentially keep milder mental health cases out of the queue for one-on-one treatment with a mental health professional. This would create greater opportunities for more complex and severe cases to receive intensive individual treatments. Several existing online programs targeting specific mental health symptoms are supported by large numbers of [clinical trials](#) such as [This Way Up](#).

However, they are occasionally costly and it is challenging for consumers to know which programs are scientifically supported and effective, especially with the massive increase of online programs and apps in the past decade. The responsibility should not fall on consumers to figure that out. Think of it this way—we would never ask people to go figure out which COVID-19 vaccine or treatment is best.

Health professionals make clear recommendations based on existing well designed clinical trials.

The COVID-19 pandemic is merciless and has targeted all walks of life. It disproportionately affected older generations in its initial physical effects. It will likely disproportionately affect younger generations in its sustained mental health effects. We need to start talking about the [mental health](#) vaccine.

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