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My Thoughts / My Surgical Practice

COVID-19 pandemic and mental health: The surgeon's role in re-engaging patients



The Centers for Disease Control and Prevention recognizes mental illness as a critical public health issue with ongoing related stigma within society, the healthcare system and among healthcare providers. Prior to the COVID-19 pandemic, nearly one-in-five U.S. adults reported having a mental illness in the past year.¹ Furthermore, the National Institute of Mental Health estimates that only one-half of people with mental illnesses receive treatment.² As a result of the COVID-19 pandemic, routine medical care has been deprioritized, and even neglected by patients. In turn, there is increased concern that chronic conditions, including mental illness, may be poorly managed during the pandemic. The lack of active medical management of chronic disease states may in turn lead to deterioration of a patient's health and even result in an acute medical crisis.

As the pandemic wears on, the psychological distress within communities will likely continue to increase. While the cause is often multifactorial, increased mental distress may be, in part, due to measures taken to slow the spread of the virus, such as social distancing, business and school closures, and shelter-in-place orders – all of which lead to greater isolation and emotional angst. Additionally, loss of employment and health insurance, fears of a possible recession, as well as increased anxiety and uncertainty about the future will undoubtedly lead to a long-term upsurge in the number and severity of mental health problems. To this point, in a recent poll, nearly one-half of adults in the U.S. reported that their mental health had been negatively impacted due to worry and stress related to coronavirus.³

In light of these concerning trends, there has been increased recognition of mental health as an important element in the national response and recovery from the COVID-19 pandemic. Recently, the United Nations (UN) released a policy brief on COVID-19 and mental health highlighting the urgent need for increased investment in services to support people in distress and to ensure care for people with mental health conditions.⁴ Furthermore, to minimize the long-term mental health consequences of the pandemic, the UN called for increased promotion and attention toward mental health issues. In turn, as hospitals and providers prepare to re-engage with patients – many of whom have delayed their healthcare needs due to the pandemic – there is an opportunity for all physicians, in particular proceduralists, to combat the silent mental health crisis affecting millions.

The opportunity to address a hidden mental health crisis

In response to the COVID-19 pandemic, elective medical procedures and surgeries were largely postponed as a means to preserve

the supply of ventilators and personal protective equipment, as well as to protect the safety of patients. In fact, it has been estimated that 28.4 million operations have been cancelled or postponed globally due to the disruption caused by COVID-19.⁵ In North America alone, 4.1 million elective cases were cancelled or postponed. As COVID-19 case numbers now appear to be flattening, many states are lifting restrictions allowing providers to re-engage patients to schedule previously postponed care. Organizations such as the American College of Surgeons and the Centers for Medicare and Medicaid Services have provided guidelines to assist hospitals in re-scheduling non-essential procedures. To date, however, guidance has largely focused on process recommendations around case prioritization, while largely failing to provide suggestions for patient support services. Given that much of the initial re-engagement with patients will occur along procedure and/or surgical service lines, hospitals and providers have an important opportunity to incorporate mental health screening into the resumption of these services.

Prior work from our own group has noted that roughly 30% of Medicare patients undergoing elective surgery had a pre-existing history of mental illness, with the majority of individuals having depression or anxiety.⁶ Furthermore, patients with an antecedent mental illness had worse post-operative outcomes including longer length-of-stay, increased perioperative complications, and a higher incidence of readmission following elective surgery. These data are particularly concerning given the potential impact of increased emotional distress experienced by surgical patients during the COVID-19 pandemic. In particular, the impact of COVID-19 on mental health and subsequently adverse influence on postoperative outcomes remains a concern that warrants attention. In order to begin to understand the complex relationship between mental health and surgical outcomes, physicians must recognize mental health as being equally important as physical health and help destigmatize mental illness by normalizing conversations surrounding emotional distress.

To this end, mental health screening should be implemented as part of any reengagement protocol to ensure timely diagnosis, treatment, appropriate management and support of patients. Several validated screening tools, such as the Self Reporting Questionnaire 20-Item (SRQ-20) and the Patient Health Questionnaire (PHQ-2/PHQ-9), exist and can be used in various clinical settings. The various screening tools have relative advantages and disadvantages, and therefore choice of which tool to utilize should be individualized. In turn, physicians should be empowered to use these tools to screen for mental health issues, as well as assess for depression and anxiety related to the COVID-19 pandemic. In addition,

mental health care capabilities must be strengthened, and broad access must be ensured to all populations, especially marginalized individuals who may not have abundant local mental health resources. Processes and procedures should be developed and implemented to help surgeons to connect patients with mental health providers. For example, a mental health consult should be placed whenever a patient's preoperative screening questionnaire indicates that the patient may be at risk of emotional or mental distress. To assist with this process, a mental health hotline may be developed to help triage and connect patients with appropriate mental health services.

Importantly, a focus on mental health should help mitigate potential exacerbations of existing health-related social disparities. For example, while health care systems may sometimes prioritize patients with insurance, this policy may worsen disparities among patients who have lost their insurance due to the pandemic and may be experiencing poor mental health as a consequence. In addition, lack of telehealth services for patients from rural areas and individuals of lower socio-economic status may create additional barriers, as many providers are using media-based approaches to re-engage patients. Finally, the COVID-19 pandemic has disproportionately affected minority communities. As such, special attention to the mental health of Black and Asian patients – whom have been targeted by hate and racism – is of central importance.^{7,8} Moving forward, it is imperative to provide broad mental health and emotional support to all individuals irrespective of a mental illness diagnosis, or social status, in order to destigmatize mental illness and encourage all patients to speak up and vocalize their anxieties and concerns.

Conclusion

There is a national mental health epidemic that has been exacerbated by the current COVID-19 pandemic. In turn, all physicians – including surgeons – should seek to address mental health concerns among all patients as they re-enter health systems. By routinely incorporating mental health into conversations with patients, physicians can help foster a healthcare system that empowers patients to vocalize their angst or worries without fear of discrimination. To this point, the Mental Health Coalition has recently launched the “How are you, really?” campaign to decrease the stigma around mental health conversations.⁹ Surgeons and other providers should embrace this campaign. Rarely do the fields of public health, mental health, and surgery intersect, however, it is through these innovative collaborations that together, physicians, will help our nation heal, both physically and mentally.

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Declaration of competing interest

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References

- Learn about mental health - mental health - CDC. Published December 12 <https://www.cdc.gov/mentalhealth/learn/index.htm>; 2018. Accessed May 18, 2020.
- NIMH. Statistics. Accessed May 15, 2020 <https://www.nimh.nih.gov/health/statistics/index.shtml>.
- KFF Health Tracking Poll. *Early April 2020: The Impact of Coronavirus on Life in America*. Published April 2. The Henry J. Kaiser Family Foundation; 2020. Accessed May 15, 2020 <https://www.kff.org/coronavirus-covid-19/report/kff-health-tracking-poll-early-april-2020/>.
- United Nations. Policy brief: COVID-19 and the need for action on mental health. Accessed May 20 https://www.un.org/sites/un2.un.org/files/un_policy_brief-covid_and_mental_health_final.pdf; 2020.
- CovidSurg Collaborative, Nepogodiev D, Bhangu A. Elective surgery cancellations due to the COVID-19 pandemic: global predictive modelling to inform surgical recovery plans: elective surgery during the SARS-CoV-2 pandemic. *Br J Surg*. 2020. <https://doi.org/10.1002/bjs.11746>. Published online May 12.
- Paredes AZ, Hyer JM, Diaz A, Tsilimigras DI, Pawlik TM. The impact of mental illness on postoperative outcomes among Medicare beneficiaries - a missed opportunity to help surgical patients? *Ann Surg*. 2020 (In press).
- Chen HA, Trinh J, Yang GP. Anti-Asian sentiment in the United States – COVID-19 and history. *Am J Surg*. 2020. <https://doi.org/10.1016/j.amjsurg.2020.05.020>. Published online May.
- Collier KT, Rothstein DH. COVID 19: surgery & the question of race. *Am J Surg*. 2020. <https://doi.org/10.1016/j.amjsurg.2020.05.026>. Published online May.
- How are you really? – the mental health coalition. Accessed May 19 <https://thementalhealthcoalition.org/how-are-you-really/>; 2020.

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