

JEAN-PIERRE LABLANCHY

Medical Doctor and Psychiatrist, member of the Supervisory Board of Edeis

Mental Health and Addiction issues in the context of COVID-19

Abstract

In the middle of the pandemic, the French Minister of Health Olivier Véran declared that a third wave would be that of “mental health”. In saying this, he recognized that the effects of COVID-19 on the mental condition of the population can be as harmful as that of the virus itself, and that there had been a lack of attention paid to this issue so far.

Mental health is unfortunately a field that is still often neglected and absent from the public debate, insofar as its effects are difficult to measure and not always clearly visible. However, its consequences can be dramatic, as shown by the COVID-19 crisis we are now facing. Lockdowns and isolation measures have exacerbated pre-existing pathologies in several population groups, such as drug addiction or depression, which caused the death of many people who had not even been infected by the virus.

It is fundamental to understand that mental issues are real medical conditions which require attention and dedicated care, otherwise they can cause significant damage to the economy and the society.

This specific topic was important to us since Mental Health is such a key issue, and yet – as M. de Montbrial highlighted so well – “the subject of Mental Health and Addiction is usually not brought at the center stage when people talk about Healthcare and global Health”.

With a bit of retrospective, this subject had an even greater importance due to the unprecedented COVID-19's context which impelled to isolate everyone from one another with the ramifications that this sort of decision implies. In this regard, I would like to highlight the ins and outs of addictions and issues people face – which applies in our context – as well as the challenge it represents at many levels. Finally, I shall give some possible solutions to respond to such a challenge.

1. **The real threats lying behind the COVID-19**

The first question to ask is: are we facing a global/international problem? Of course, the answer is “yes” simply because in many ways, it is linked to what is called the “human condition”.

Mental health issues that have emerged for some time in the public debate are not new, but COVID-19 contributed to exacerbate some of them.

First, we have noticed a regression among people because of the fear they experience in our current situation: they are getting weaker on a mental level, as they are less likely to resist to dogma and deceitful speeches.

Second, we must deal with a huge and silent enemy: depression. On one hand, what we understood with the pandemic is that some people are inherently more likely at-risk: the elderly and the people presenting co-morbidities. On the other hand, what we do not seem to understand is the mental health issues caused by the COVID-19. Here are a few key facts and figures:

- Suicide is the second cause of death among young people.
- 16% deaths are caused by suicide among 15-24 year olds.
- 20% deaths are caused by suicide among 25-34 year olds.

The virus kills some people; depression kills many.

Moreover, it has been showed by some studies that 39% of people in recovery from an addiction prior to lockdown have experienced a relapse of their addictive behavior since lockdown. If we can trust that percentage, it means that more than a million people are concerned on a national scale. Of course, many reasons can explain it: financial issues, isolation, fear for the future, etc.

2. **Mental health diseases are somatic diseases**

It is important to point out that a mental disease is also a somatic disease, meaning that the body is physically affected as well. For example, as we can observe, addiction to psychoactive substances is expressed in a dependence syndrome, resulting in physical and visible effects.

Addictions are caused by a combination of psychological, environmental but also biochemical and genetical factors. As a result, studies show that substance dependents suffer from dysfunctions in the central nervous system, preventing them from a well-balanced ability to process sensory information.

We can count four main problematic personality traits placing people at-risk for substance use:

- Hopelessness

- Anxiety
- Impulsivity
- Sensation seeking

We call them “*Sensory processing disorders*” (SPD); they characterize over or under responsiveness to environmental stimuli¹. People with those previous traits are often described as moody, irritable, and lacking social skills.

Because of an altered brain neurotransmitter, having SPDs includes a decrease in dopamine uptake, an altered dopamine synthesis and deficits in serotonin reuptake sites².

As a result, substance dependents were seeking for a compensatory mechanism for their unmodulated arousal level or for a relief of a particular affective state.

And this is where I would like to emphasize the importance of hypersensitivity. As a matter of fact, individuals with sensory hypersensitivity are particularly at risk with addictions. Hypersensitivity and toxic abuse often go as a pair: people with hypersensitivity are at high risk of being addicted. If you help people deal with hypersensitivity, you help them fight addiction.

Also, we have to understand that the same event does not have the same impact from a person to another; some people are not shook up by bombings, but are traumatized by the death of their pet. It is not about the event you live; it is about the way you receive it, the way your brain interprets it. This is where we ought to talk about Post Traumatic Stress Disorder (PTSD).

3. **PTSD**

Rachel Yehuda (Psychiatrist), who worked with firemen after 9/11³, proved that huge stress producing PTSD affects the cortisol receptors which implies that you cannot behave the way you did before. When it happens, some genes are hampered, sometimes even destroyed. She also states that those traumas can be transmitted to the next generations. Patients concerned by this tend to be self-destructive, mentally ill and substance dependent. What is PTSD? This is a psychiatric disorder, which affects the patient over a long period of time, generally more than a month, with the following symptoms:

- Reexperiencing the traumatic event repeatedly (flashbacks, nightmares, physical sensations, negative thoughts, etc.).
- Avoidance and emotional numbing.
- Trying to avoid being reminded of the traumatic event.
- Choosing isolation and withdrawnness.

How to treat it? Mostly with Psychological therapies and meditation such as CBT (Cognitive Behavioral Therapy) and EMDR (Eye Movement Desensitization and Reprocessing).

You can also use medication, antidepressants and especially beta blockers (to help patients not re-express the trauma and the pain it involves).

¹ We can note that SPD often goes along with attention deficit hyperactivity disorder (ADHD) and emotional disturbances.

² As a reminder, there are two main neurotransmitters: Serotonine and Dopamine. The first one is an inhibitory (a break) and the second one is an excitatory (an accelerator)

³ Her research showed that depression is a somatic disease.

An interesting fact about some of those medications (pointed out by the professor and psychiatrist Marion Leboyer) is that, in the context of the COVID-19, we observe a “protective effect” against the virus (antidepressants, anxiolytics and antihistamines). During confinements, psychotropic drugs were persistently increased. For instance, the anxiolytics use increased by 18,6% in the first 2 weeks of the first wave.

4. Existing psychiatric tests

When we talk about addiction and mental health issues, there are three major tests that are worth mentioning given data they produce.

With somatic diseases, the first one you can make is checking cortisol in the urines.

The second one is to do a blood test (called Dexamethasone Suppression Test) in which the level of Dexamethasone is checked. If it is low, it means that it is killing your cortisol's production, i.e. you are under PTSD.

The third one is MMPI-2.

The MMPI-2 Test appeared in the 1940's. It is the most published psychological test, because: it is accurate, especially to gauge psychological stability for persons at high-risk.

It is very easy to implement it. All you must do is answer 330 questions linked to 10 clinical subscales: hypochondria, depression, hysteria, psychopathic deviate, masculinity/femininity, paranoia, psychasthenia, schizophrenia, hypomania and social introversion.

If you want to go further, you can also go for a brain SPECT imaging: more expensive but very accurate as well. It also shows and proves once again that psychological diseases are somatic diseases; you can see on the images some very concrete and physical changes. With the PET and an MRI, you can see the metabolism of neurological cells and how the brain works basically. This is where you can compare and observe on the scans the huge differences between sane cells and addicted cells.

5. The importance of Genetic

Genetic tests to check emotional instability have been conducted for 10 years. Thanks to them, we were able to observe whether your genes are functional, or not.

This test should be run on patients showing moodiness, anxiety, sleep disorders, suspicion of depression, hyperactivity and so on.

On this test which checks the state of 9 genes, any mutation is a problem. Some people have 2 or 3, some people have 5, and some even have 8 or 9 (out of 9) mutated genes. It makes catastrophic lives.

This test is very important for the psychiatrist to be able to explain his/her patient that he/she should take a treatment. For example, before the test, that one person with 9 mutated genes refused to take any kind of drugs. With the help of the test, I was able to explain to that patient that I could not do anything using psychotherapy as my only tool and convince him to take the treatment.

The important fact to understand here is that those patients were born this way and they must deal with this condition all their life. It is not their parents' fault, neither education nor environment: it is all about mutated genes that were either normal at first or transmitted from a generation to another (due to traumas and epigenetic modifications).

6. **Conclusion**

Facing this difficult human condition, this huge suffering with a high risk of disease killing people, we do have tools. However, we need to explain a few things to patients:

- Dark thoughts are never normal
- Consult a clinician
- Do not hesitate to go for a psychological assessment
- Genetic is key and there are genetic tests
- You can also go for a medical imaging which is accurate