

Health Agencies Address Mental Health, Stress Amid Pandemic

Telehealth and app improvements are impacting how government addresses stress management.

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As the nation responds to the COVID-19 pandemic, including developing new telehealth strategies that will have far-reaching effects both for those directly affected and for health care more broadly, there is a recognition that not all adverse health effects are physical. Both the pandemic itself and the socioeconomic side effects have led to a rise in stress and anxiety, adding to the numbers of those already managing mental health conditions.

While national attention has been on health agencies' response to COVID-19, both the National Institute of Mental Health (NIMH) and the Centers for Disease Control and Prevention (CDC) recognize the increased stress everyone faces during this crisis and have recommended strategies to mitigate its effects:

- “Take breaks” from the 24-hour media cycle.
- “Make time to unwind,” both also recommend, with NIMH emphasizing that finding ways to have fun and express creativity is important for mental health.
- “Connect with others,” both to keep in touch and to share concerns during this stressful time.

For when people do engage with news on the crisis, [the CDC underscores the importance of avoiding misinformation](#) and the role everyone plays in consuming and sharing up-to-date and accurate media.

“Understanding the risk to yourself and people you care about can make an outbreak less stressful,” the agency stated on its website. “When you share accurate information about COVID-19, you can help make people feel less stressed and make a connection with them.”

Both NIMH and the CDC also counsel anyone who finds that stress is impacting their daily activities for multiple days in a row to seek professional help, [which can be done remotely](#). The Substance Abuse and Mental Health Services Administration (SAMHSA) disaster distress hotline not only provides advice on finding counseling and support, but also serves as a much-needed link in times of crisis. In a true life-or-death emergency, the CDC still recommends calling 911.

For those who have mental health conditions or rely on professional mental health treatment, this can be an especially uncertain time. NIMH recommends that anyone currently [undergoing mental health treatment continue that regimen](#), “developing a plan for telehealth sessions with your provider if you (or your provider) are quarantined or must avoid exposures to the public for any reason.”

As telehealth evolves, one area of focus for digital mental health researchers at NIMH is ensuring applications that claim to help those with mental illness undergo rigorous testing to prove those claims are true.

“Any app that is intended to diagnose, prevent or treat a mental illness must undergo efficacy and safety studies to gain pre-market clearance from the FDA,” said NIMH Director Josh Gordon [in a World Economic Forum op-ed](#) co-written with Duke University professor Murali Doraiswamy. “Most mental wellbeing/health apps, however, fall into a grey zone; they don’t make overt medical claims and are therefore able to avoid the need for efficacy studies or FDA scrutiny ... While the lack of rigorous evaluation may be disheartening, the good news is that the situation is changing. There is an increasing number of studies that aim to provide real data on the effectiveness of mental health apps.”

Given some of the stigma surrounding mental health, it is vital that telehealth apps provide privacy and security in addition to efficacy.

“For consumers, it’s critical that the safety and efficacy of mental health apps come before flashy design and marketing,” said Gordon. “We need app makers and regulatory agencies to work together to collect data in both controlled clinical trials and in patients’ daily lives outside of rigorous clinical settings ... Funders, including the National Institute of Mental Health are already eager to support both early-phase and post-marketing outcomes research that will help ensure safety and efficacy. It’s now up to researchers and app developers to push studies forward.”

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