

Fact Sheet: The Impact of Pandemic Disease on Mental Health

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A Limited Psychiatric Playbook

- Despite ample human experience, there is scant scientific literature on the psychological impact of pandemic disease, or on the role psychiatry can or should play in response to an epidemic. Why?

Philosophical Limitations

Numerous twentieth century writers have speculated that the scale of loss unleashed by epidemics places them outside of human cognition.

- In *The Plague* (1948) Albert Camus writes: “A pestilence isn’t a thing made to man’s measure; therefore we tell ourselves that pestilence is a mere bogy of the mind, a bad dream that will pass away.”¹
 - As the book’s protagonist, Dr. Rieux, grapples with the epidemic, he reflects on how the Plague of Justinian might have prepared future generations for pandemics – but didn’t. “The doctor remembered the plague at Constantinople that, according to Procopius, caused ten thousand deaths in a single day...[but] what man knows ten thousand faces?”² (38)

Even some medical historians have echoed this sentiment.

- William H. McNeill observed in his 1976 book *Plagues and Peoples* that historians tend to omit or ignore even major pandemics with far-reaching effect.
 - “We all want human experience to make sense, and historians cater to this universal demand by emphasizing elements in the past that are calculable, definable and, often, controllable as well. Epidemic disease, when it did become decisive in peace or in war, ran counter to the effort to make the past intelligible. Historians consequently played such episodes down.”³
- The Spanish Flu, which killed 25-100 million people between 1918 and 1920, is often referred to as a “forgotten pandemic.”⁴

¹ Camus, A. (1948) [2008] *The Plague*. Paw Prints, 37.

² Rieux muses, “[W]hat are a hundred million deaths?... since a dead man has no substance unless one has actually seen him dead, a hundred million corpses broadcast through history are no more than a puff of smoke in the imagination.” Camus, A. (1948) [2008] *The Plague*. Paw Prints, 38.

³ McNeill, William Hardy. 1976. *Plagues and peoples*. Garden City, N.Y.: Anchor Press/Doubleday.

⁴ Crosby, A. W. (2003). *America's forgotten pandemic: the influenza of 1918*. Cambridge University Press; Johnson, N. P., & Mueller, J. (2002). Updating the accounts: global mortality of the 1918-1920 "Spanish" influenza pandemic. *Bulletin of the History of Medicine*, 105-115.

Opportunity

Philosophical limitations aside, psychiatry and psychoanalysis are young disciplines, whose existence is shorter than the cycle of pandemics. There have been few stimuli or opportunities for the field to address them.

- The most recent worldwide pandemic, the Flu of 1918, occurred just as psychoanalysis was gaining recognition within the medical community.⁵
 - Though it unleashed significant mental trauma (between 25 and 100 million people perished of the flu), the pandemic did not receive attention through a psychiatric lens.
 - Freud himself was affected by the influenza (his favorite daughter, Sophie, died of it on January 25, 1920), but did not address the crisis in his writings.
- Numerous epidemics have occurred since 1918, of course, but most have taken place in developing countries, where psychiatric resources are limited and energies are already tied up fighting the epidemic.⁶
 - West African nations hard-hit by the Ebola outbreak from 2013-2016 had virtually no professional mental health infrastructure. Liberia boasted only one psychiatrist. Sierra Leone had none.⁷
 - In nations with more abundant psychiatric resources, the risk of infectious disease is dampened by protective factors such as high rates of immunization, elevated standards of living, and robust public health systems.
 - Participation of mental health experts in projects devoted to preparing for a pandemic outbreak remains negligible or very limited.

Disciplinary Focus

Despite their relative safety from infectious epidemics, developed nations have confronted numerous disease threats in the 20th and 21st centuries, including HIV, Zika, SARS, and H1N1. These have not given rise to a central psychiatric literature of pandemics, but rather have been addressed by one of two subspecialties: Consultation Liaison Psychiatry (CLP), or Disaster Psychiatry.

⁵ Huremović, D., 1.

⁶ *Ibid.*

⁷ Reardon, S. (2015). Ebola's mental-health wounds linger in Africa: health-care workers struggle to help people who have been traumatized by the epidemic. *Nature*, 519(7541), 13-15.

- **Consultation Liaison Psychiatry** is the branch of psychiatry that typically addresses the interface between mental health and infectious disease.⁸
 - o CLP personnel study neuropsychiatric sequelae, social stigma, and other comorbidities such as addiction and depression.⁹
 - In the context of the AIDS crisis, for instance, work in this field gave rise to a tremendous literature on stigma and loss.
 - It also generated important insight on mitigating suffering and promoting adherence to care – much of which helped to prevent further transmission.¹⁰
 - o Most CLP resources, however, are geared toward endemic diseases that impose an ongoing and significant public health burden.
 - The pace is studious and systematic, and ill-equipped for rapidly developing crises.

- **Disaster Psychiatry** is an outgrowth of military psychiatry, and seeks to respond to the physiological, behavioral, and community trauma unleashed by catastrophic events.
 - o In the 21st century, disaster psychiatrists have been beneficial in the aftermath of events such as 9/11, Hurricane Katrina, and the Sandy Hook Elementary School shooting.¹¹
 - o A review of medical literature over the past 30 years suggests that their attentions are badly needed; disasters are associated with a 17% increase in psychiatric distress in comparison to pre-disaster or control group rates.¹²
 - o Though in some ways well-suited to addressing the trauma and grief associated with pandemics, disaster psychiatry is by nature preoccupied with the sequelae of specific events. It is not geared to responding to ongoing crises.
 - Despite the abundant body of literature devoted to this growing subdiscipline, for instance, only one textbook on disaster psychiatry devotes a chapter to pandemics.¹³

⁸ Huremović, D., 2.

⁹ <https://www.clpsychiatry.org/>

¹⁰ Donenberg, G. R. (2005). Youths and HIV/AIDS: psychiatry's role in a changing epidemic. *Journal of the American Academy of Child & Adolescent Psychiatry*, 44(8), 728-747.

¹¹ [167th APA Annual Meeting, Symposia 9: The Sandy Hook Disaster: Crisis Management, Recovery, and Policy Response](#). New York, NY, May 3-7, 2014.

¹² Rubonis, A. V., & Bickman, L. (1991). Psychological impairment in the wake of disaster: The disaster–psychopathology relationship. *Psychological bulletin*, 109(3), 384.

¹³ Ursano, R. J., Fullerton, C. S., Weisaeth, L., & Raphael, B. (Eds.). (2007). *Textbook of disaster psychiatry*. Cambridge University Press.