COVID-19’s Impact on Mental Health and How Communities Can Move Forward

Mental Health America & CDC Foundation
COVID-19 and Mental Health: What We’ve Learned from www.mhascreening.org
March 2, 2021

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Mental Health America
Mental Health America

A Century of Advocacy

“I must fight in the open.”

- To move mental health care from poor houses and prisons to health care facilities;
- To screen children for mental health conditions;
- To move dollars from custodial institutions to community-based programs;
- To make mental health a part of overall health.

-- 1913 Policy Agenda, National Committee for Mental Hygiene


B4Stage4 Mental Health America
Mental Health America (MHA) promotes mental health as a critical part of overall wellness, including prevention services for all; early identification and intervention for those at risk; integrated care, services, and supports for those who need them; with recovery as the goal.

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<table>
<thead>
<tr>
<th>Stage 1: Mild Symptoms and Warning Signs</th>
<th>Stage 2: Symptoms Increase in Frequency and Severity and Interfere with Life Activities and Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>At Stage 1, a person begins to show symptoms of a mental health condition, but is still able to maintain the ability to function at home, work or school—although perhaps not as easily as before they started to show symptoms. Often there is a sense that something is “not right.”</td>
<td>At Stage 2, it usually becomes obvious that something is wrong. A person’s symptoms may become stronger and last longer or new symptoms may start appearing on top of existing ones, creating something of a snowball effect. Performance at work or school will become more difficult, and a person may have trouble keeping up with family duties, social obligations or personal responsibilities.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stage 3: Symptoms Worsen with Relapsing and Recurring Episodes Accompanied by Serious Disruption in Life Activities and Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>At Stage 3, symptoms have continued to increase in severity, and many symptoms are often taking place at the same time. A person may feel as though they are losing control of their life and the ability to fill their roles at home, work or school.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stage 4: Symptoms are Persistent and Severe and Have Jeopardized One’s Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>By Stage 4, the combination of extreme, prolonged and persistent symptoms and impairment often results in development of other health conditions and has the potential to turn into a crisis event like unemployment, hospitalization, homelessness or even incarceration. In the worst cases, untreated mental illnesses can lead to loss of life an average of 25 years early.</td>
</tr>
</tbody>
</table>
MHA Screening (www.mhascreening.org): Over 7.5 Million Completed Screens

- Depression (PHQ-9)
- Anxiety (GAD-7)
- Bipolar (MDQ)
- PTSD (PC-PTSD)
- Youth Screen (PSC-YR)
- Parent Screen (PSC)
- Alcohol and Substance Use Screen (CAGE-AID)
- Psychosis Screen (Ultra-High Risk) (PQ-B)
- Eating Disorders
- Postpartum Depression (EPDS)

MHA Screening reflects the experiences of a help-seeking population that accesses mental health screening through www.mhascreening.org. We do not reach the entire population; therefore our numbers are likely to underreport the actual experiences of the population.
The results help us understand people who are struggling.
Mental Health Landscape: MHA Screening Uncovers Opportunities in Early Identification and Intervention

- **Over 7.5 million** screeners since 2014;
  - Represent a help-seeking population for mental health conditions;
- 73% are female;
- Screeners screen more often for depression than any other condition;
- 47% identify as a racial/ethnic minority;
- 8% are international.
- In 2020, MHA results are consistent with the 2020 US Census Bureau Pulse Survey and CDC findings.
Higher Severity, No Previous Diagnosis or Support

Have you ever received treatment or support for a mental health problem?

<table>
<thead>
<tr>
<th>Year</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>43%</td>
<td>57%</td>
</tr>
<tr>
<td>2020</td>
<td>36%</td>
<td>64%</td>
</tr>
</tbody>
</table>
Number of People Looking for Help Increased Dramatically in 2020

Total Number of Screens 2014-2020
### Largest Increases in Parent/Youth, PTSD, Anxiety and Substance Use

<table>
<thead>
<tr>
<th>Screen</th>
<th>Percent Scoring At Risk 2019</th>
<th>Percent Scoring At Risk 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent</td>
<td>60.53%</td>
<td>69.70%</td>
</tr>
<tr>
<td>Youth</td>
<td>70.94%</td>
<td>77.06%</td>
</tr>
<tr>
<td>PTSD</td>
<td>84.18%</td>
<td>89.59%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>74.22%</td>
<td>78.82%</td>
</tr>
<tr>
<td>Alcohol or Substance Use</td>
<td>78.32%</td>
<td>81.55%</td>
</tr>
</tbody>
</table>

Mental Health America

B4Stage4
Severity of Screens Also Continuing to Increase

Depression and Anxiety Screeners, Percent Moderate to Severe
Young People Disproportionately Experiencing Depression and Anxiety

Percent Scoring Moderate to Severe

- "11-17": Depression, Anxiety
- "18-24": Depression, Anxiety
- "25-34": Depression, Anxiety
- "35-44": Depression, Anxiety
- "45-54": Depression, Anxiety
- "55-64": Depression, Anxiety
- "65+": Depression, Anxiety
Suicidal Ideation at Highest Rate Since Launch of Screening

Percentage Reporting Suicidal Ideation More Than Half or Nearly Every Day
2015-2020
Young People Experiencing Highest Rates of Suicidal Ideation

Percent with Suicidal Ideation More than half or Nearly every day

158,490 11-17-year-olds with suicidal ideation
The Main Things Contributing to Mental Health Problems Right Now

<table>
<thead>
<tr>
<th>Reason</th>
<th>Number of Responders</th>
<th>Percent of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loneliness or isolation</td>
<td>979,654</td>
<td>70.55%</td>
</tr>
<tr>
<td>Past trauma</td>
<td>730,325</td>
<td>52.60%</td>
</tr>
<tr>
<td>Relationship problems</td>
<td>588,342</td>
<td>42.37%</td>
</tr>
<tr>
<td>Grief or Loss</td>
<td>384,523</td>
<td>27.69%</td>
</tr>
<tr>
<td>Coronavirus</td>
<td>357,237</td>
<td>25.73%</td>
</tr>
<tr>
<td>Current events (news, politics, etc.)</td>
<td>355,914</td>
<td>25.63%</td>
</tr>
<tr>
<td>Financial Problems</td>
<td>330,553</td>
<td>23.81%</td>
</tr>
<tr>
<td>Racism</td>
<td>91,068</td>
<td>7.27%</td>
</tr>
</tbody>
</table>

N=1,388,506, scoring positive or moderate to severe April-December 2020, “Choose up to 3”
Main Concerns Changing Over Time

Coronavirus
- May: 25%
- June: 23%
- July: 24%
- Aug: 25%
- Sep: 27%
- Oct: 28%
- Nov: 29%
- Dec: 23%

Current events (news, politics, etc.)
- May: 23%
- June: 23%
- July: 25%
- Aug: 25%
- Sep: 27%
- Oct: 28%
- Nov: 30%
- Dec: 26%
Main Concerns Are Different Across Race/Ethnicity

May-December 2020, N=1,129,790

- Black or African American screeners cite financial concerns at highest rate
- Native American or American Indian screeners report more past trauma
- White, Hispanic or Latinx screeners more worried about COVID-19
- Hispanic or Latinx screeners cite loneliness or isolation at highest rates
- Native American or American Indian screeners report most grief or loss
### Screening to Supports Resources

<table>
<thead>
<tr>
<th>I'm ashamed of the way I am</th>
<th>I want to die</th>
<th>I have nothing to be depressed about</th>
<th>I don't feel like I belong anywhere</th>
<th>How do I ask my friends and family for help?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where can I find people like me?</td>
<td>I can't get out of bed</td>
<td>I feel guilty about being depressed?</td>
<td>Is this condition forever? Will I always feel this way?</td>
<td>Nothing is helping my depression</td>
</tr>
<tr>
<td>Am I just sad or depressed?</td>
<td>What is depression? (The Scientific Definition)</td>
<td>Who can I talk to about my depression?</td>
<td>I'm really angry at the world</td>
<td>I'm afraid to tell anyone I feel depressed</td>
</tr>
</tbody>
</table>

### Top Pages

- Am I just sad or depressed?
- I see ghosts or shadows
- I want to die
- I can’t stop thinking about bad things that could happen
- Do I need to go to the hospital?
- I’m afraid I’m going to kill myself
- What’s the difference between bipolar and being moody
- My depression won’t go away
HOW CAN I MANAGE MY MENTAL HEALTH WHILE WORKING FROM HOME?

For many people, working from home sounds like a dream come true. You’re getting paid, and you don’t even have to leave the comfort of your living room! In some ways, it can be a real blessing for your mental health. But working remotely also comes with a lot of challenges. That goes double if you’re suddenly switching to a full remote work schedule—as many people are in the current climate of social distancing to stop the coronavirus.

Keep your work and personal life separate

Many people are able to stop thinking about work when they leave the office and head home for the day. That’s healthy—you can’t be “on” all the time! But what happens when your home is your office? Without that dramatic change of setting, it can be hard to shift gears and return to living your day-to-day life.

It helps to establish some part of your home as your “office.” It doesn’t have to be a separate room. Maybe there’s a certain corner where you work, or a specific chair that helps you feel more productive. You might be able to block off a certain portion of your room with a curtain. Whatever you do, don’t work in bed! It’ll make it harder to sleep at night.

Not everyone will be able to have an “office” at home. Maybe you don’t have space, or you just don’t like sitting in one place all day. Instead, try to establish a routine that will get you into “work mode.” Make coffee at the same time every morning, set up the lighting a certain way, or listen to a specific type of music.

The Mental Health Of Healthcare Workers In COVID-19

If you are a healthcare worker and are concerned about your mental health, go to mhanational.org/frontline to be screened and find resources and support. If you are experiencing a mental health crisis, call 1-800-273-TALK (8255) to reach a 24-hour crisis center, or text MHATo7878 to reach a trained Crisis Counselor 24/7.

Throughout the COVID-19 pandemic, Mental Health America (MHA) has witnessed increasing numbers of anxiety, depression, loneliness, and other mental health concerns. COVID-19 has had a profound negative effect on the mental health of the nation, especially among those who are faced with combating the virus.

While many throughout the U.S. are coping with the fear and uncertainty of COVID-19 from their homes, essential workers, including healthcare workers, must expose themselves to the virus every day. Healthcare workers are also experiencing conditions that have been compared to a war zone, continuously witnessing the direct effects of the pandemic as it spreads throughout communities. It is essential that we provide resources to help healthcare workers cope with the mental health impact of their work.

From June-September 2020, MHA hosted a survey on mhascreening.org to listen to the experiences of healthcare workers during COVID-19 and to create better resources to help support their mental health as they continue to provide care. The responses collected from the 1199 healthcare workers surveyed indicated that they are:

In the Open

Dealing With Mental Health At Work

0:00 -0:00

MHA to 7878 to reach a trained Crisis Counselor 24/7.
COVID-19 Resource Hub

• Resources for immediate and crisis response
• Resources for special populations, including LGBTQ+, BIPOC, and frontline workers
• Over 35 COVID-19 trainings
• Over 40 blogs from MHA and partners
For More Resources

• For MHA COVID-19 resources: https://www.mhanational.org/covid19
• To take a free mental health screen: https://screening.mhanational.org
• For more information on MHA Screening: https://mhanational.org/about-mha-screening
Contact Us

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Alexandria, VA 22314

Facebook.com/mentalhealthamerica
Twitter.com/mentalhealtham
Instagram.com/mentalhealthamerica
Youtube.com/mentalhealthamerica
mreinert@mhanational.org
How Right Now
Communication Campaign

Overview Presentation
Project Kick Off Date: April 20, 2020
Presentation Date: March 2, 2021
Overview

- Comprehensive effort to reach high-risk populations who are facing adverse mental health and emotional wellbeing challenges due to the COVID-19
  - Grounded in evidence-based health communication, psychology, and behavior change theory

- Desired outcomes
  - Improved coping and emotional wellbeing among audiences
  - Reduction of risk of adverse behaviors

- Priority audiences (with emphasis on racial/ethnic and SOGI minorities)
  - Older adults ages 65+ and their caregivers
  - People with pre-existing health conditions
  - People who are experiencing violence
  - People who are experiencing economic distress

- Informed by research

- To-date, through and with partners
What We Did

- **eScan**: >700 peer-reviewed and grey publications and existing communication campaigns – in both English and Spanish
- **Data Distillation**: >20 data sets analyzed
- **Social Listening**: >1 million social media posts (a total of 129,322 were relevant) – in both English and Spanish
- **Partner Needs Assessments**: >150 partner and influencers assessed; 16 needs assessment calls held
- **Partner Listening Sessions**: 6 partner listening sessions conducted to date; 29 members of audiences participated
- **Online Focus Groups**: 10 online focus groups conducted; 58 members of audiences participated

### AmeriSpeak® May Omnibus Survey

<table>
<thead>
<tr>
<th>Total Weighted Sample: 250,925,936</th>
<th>Total Weighted Screened Sample: 161,265,124</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Unweighted Sample:</strong> 1,065</td>
<td><strong>Total Unweighted Screened Sample:</strong> 731</td>
</tr>
<tr>
<td>1,004 (English-language)</td>
<td>682 (English-language)</td>
</tr>
<tr>
<td>61 (Spanish-language)</td>
<td>49 (Spanish-language)</td>
</tr>
</tbody>
</table>
What We Learned

- Validation messaging resonates
- Hope and resilience messaging resonates
- People want help, but make it easy and have it come from a trusted source
- The idea of self-care seems to resonate, but it’s different for different audiences
- Need to meet them where they are – culturally sensitive and not overly prescriptive
- There’s a need for more translated – and transcreated – messages and resources for the Latinx population & partners that serve this community
- There are few resources for people with mental or physical disabilities
- Inconsistent or absent messaging for:
  - Grief and loss
  - Resilience and adaptability
  - Different kinds of trauma people face

Note: Gaps identified through the research are time bound; some things have shifted since we began, and we continue to acknowledge new resources that are becoming available as we finalize our messages and materials.
Truthfully, how are you feeling today?

- Afraid
- Grieving
- Sad
- Worried
- Angry
- Lonely
- Stressed
- Not Sure

Visit Howrightnow.org and Quehacerahora.org to explore the resources.
## Existing Content

### Promotion
- Social graphics
- Launch videos
- Newsletter copy

### Coping
- Emotion 1-pagers & associated resources
- Social graphics
- Crisis lines

### Talk
- Conversation guide
- Listening animated graphic
- Expert videos
- Celebrity PSAs

### Grief + Gratitude
- Refreshed resources
- Social graphics
- Expert videos on grief
- New gratitude video

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**Take time to grieve.**
Partner Toolkit

https://howrightnow.org/assets/resources/toolkits/hrn_partnertoolkit.pdf
What’s Coming Next: One Year Later

- Timed for the anniversary of the pandemic
- Want to remind our audiences that during the first anniversary of the COVID-19 pandemic, we may feel a variety of emotions that can be hard to handle
  - Focus on resilience
  - *How Right Now* has resources that can help
- New content pieces launching this week!
- Partner, influencer, and celebrity pushes
Thank you.
How the Pandemic Impacted Mental Health

What happened, our response in the field, what our consumers are telling us, what the future looks like.

Robert N. Davison, MA, LPC
Chief Executive Officer
What Happened?

• In March of 2020, all hell broke loose because of the global pandemic.

• Began pandemic operations in earnest on March 15. Limited capacity in buildings, developed a victual capability to provide mental health services in 3 days, continued to provide services on site and in the field for individuals especially impaired by mental illness.

• Followed CDC guidelines as written at that time and procured as much PPE and cleaning supplies as possible. Very difficult in March and April. We were paying cash to buy PPE supplies off the back of trucks in undisclosed locations in New Jersey.

• Became, literally overnight, a major distribute of food, books and games, and hygiene products to our consumers and the general public.
Our Response in the Field

• Developed a FEMA funded Crisis Counseling Program to respond to the increased mental health need due to the pandemic.

• Collaborated with community partners, developed 2 COVID-19 low barrier hotels for people experiencing homelessness.

• Developed Suicide Prevention Services, including a digital campaign directed at adolescents.

• Added additional FTEs in Counseling department.

• Implemented Homeless Case Management Program in Newark International Airport.
What Our Consumers and Families are Telling Us

• Anxiety
• Depression
• Loneliness (especially among the elderly)
• Opioid abuse and overdoses
• Eating disorders (especially among female adolescents and young adults)
• Internet gambling (especially among male adolescents and young adults)
• Resiliency
• Post traumatic growth
What the Future Looks Like

• No one gets a perfect score in a pandemic
• This is my first pandemic
• Grace
• Carry innovations into the future
• What worked in a pandemic is not necessarily going to work in a non-pandemic environment
• Advocacy
• Meet the need
Q&A

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