

The Intersection of Mental Health and COVID-19

How exposure, testing, behaviors, and perceptions influence mental health outcomes

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Survey of the Health of Wisconsin

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Background

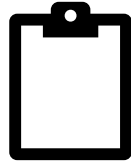
- Many countries acknowledging the mental health impacts of COVID-19:
 - Social isolation, frustration from quarantine and 'stay-at-home' orders
 - High anxiety due to uncertainty, economic/financial struggles
- Previous outbreaks show psychological symptoms affect behavioral choices
 - Ebola outbreak 2014-2015: increased fears, hopelessness- decreases preventative measures
 - SARS-CoV, MERS-CoV: PTSD-related avoidance behaviors
- COVID-19 Research has focused on specific populations, in March
 - individuals with prior psychological diagnoses, health care workers
 - Only in March- initial pandemic phase



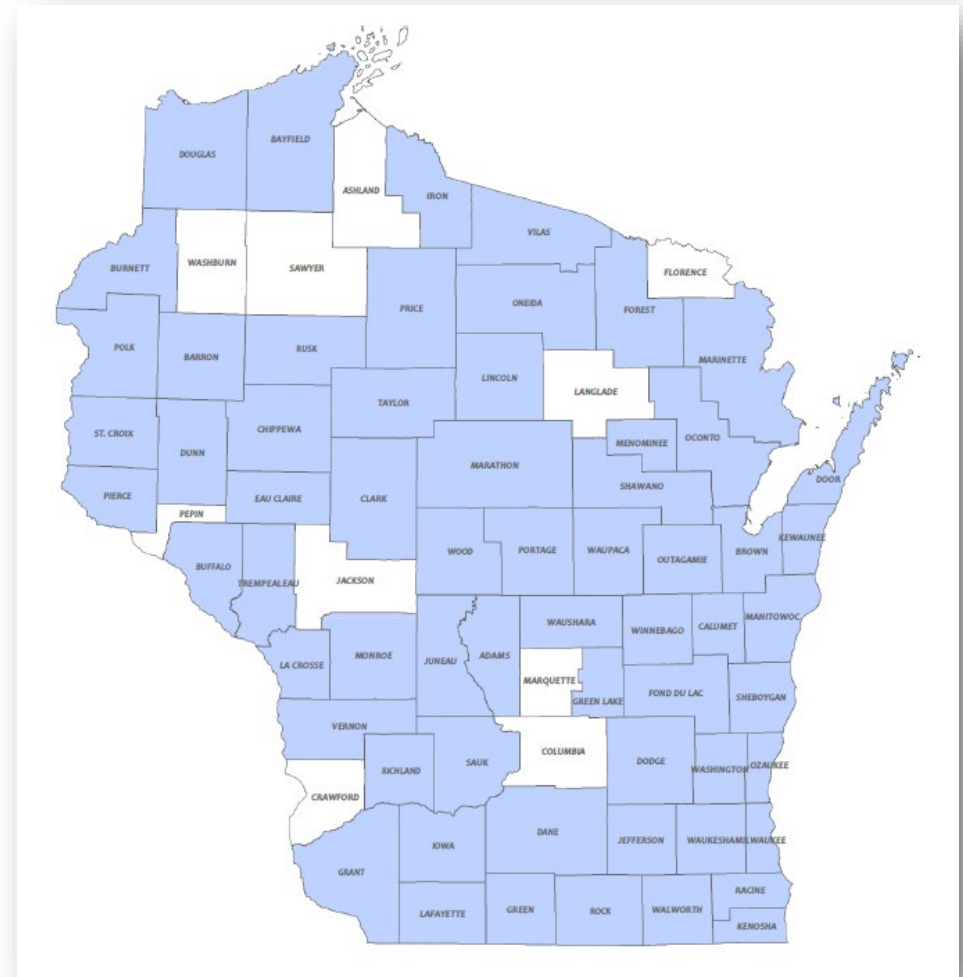
Research Aims

- What demographic groups have the highest burden of psychological symptoms?
- How does perceived COVID-19 exposure, testing and preventative behaviors differ between those with no psychological symptoms and those with depression or anxiety symptoms?

Methods



- SHOW, 2008 - 2019
 - statewide, representative population health data
- COVID-19 Community Impact Online Survey
 - All past participants invited (N= 5,249) via email to REDCap survey
 - 1,403 completed survey (May-June 2020)
 - 1,370 completed the PHQ-4
- One-way and two-way frequencies



*SHOW has collected data in blue counties.

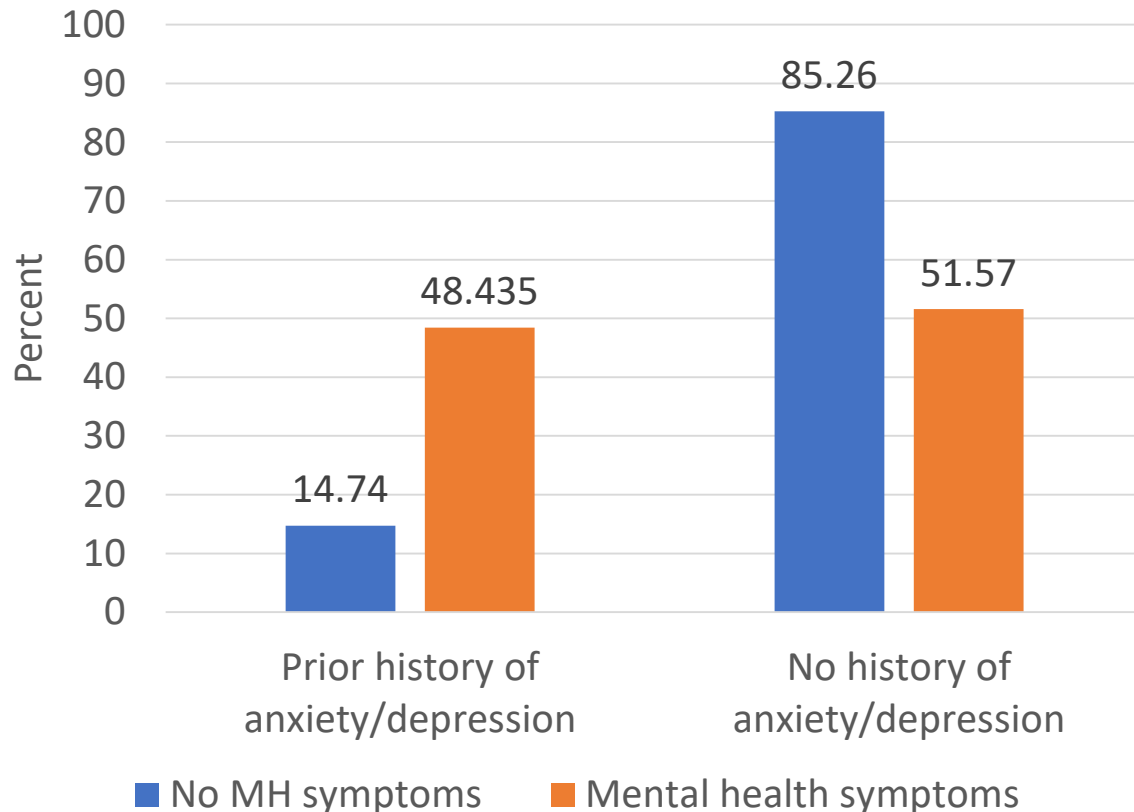
Demographics

- Patient Health Questionnaire 4
 - 4 items
 - 2 depression, 2 anxiety
- Mental health symptoms:
 - PHQ-4 combined score ≥ 6
 - Clinically relevant

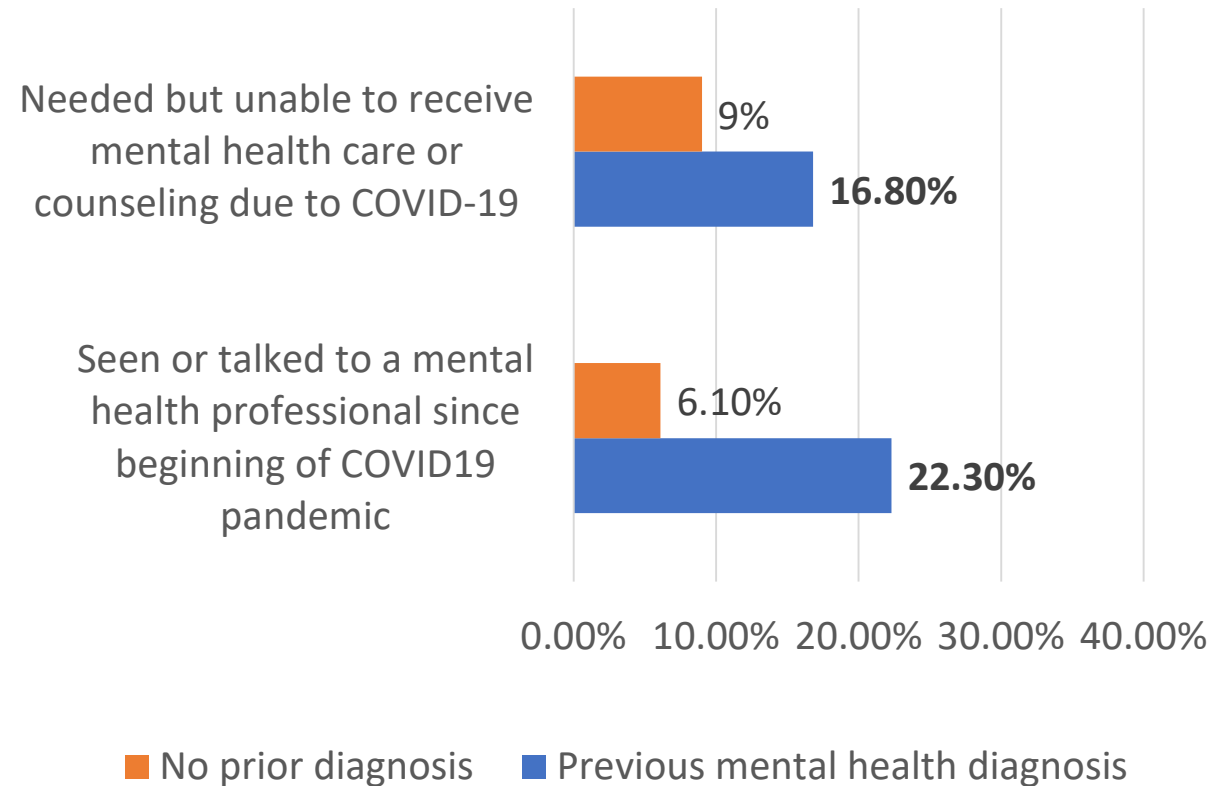
| | Total Sample | | No MH symptoms | | Mental health symptoms | |
|--|--------------|-------|----------------|-------|------------------------|--------------|
| | N | % | N | % | N | % |
| Overall | 1370 | - | 1211 | 88.39 | 159 | <u>11.61</u> |
| Gender | | | | | | |
| Male | 493 | 36.49 | 460 | 93.31 | 33 | 6.69 |
| Female | 858 | 63.51 | 736 | 85.78 | 122 | <u>14.22</u> |
| Age | | | | | | |
| 18-35 | 173 | 12.64 | 129 | 74.57 | 44 | <u>25.43</u> |
| 36-55 | 439 | 32.07 | 371 | 84.51 | 68 | 15.49 |
| 56-75+ | 757 | 55.3 | 710 | 93.79 | 47 | 6.21 |
| Race/ ethnicity | | | | | | |
| Non-Hispanic White | 1184 | 86.55 | 1059 | 89.44 | 125 | 10.56 |
| Non-Hispanic Black or African American | 103 | 7.53 | 83 | 80.58 | 20 | <u>19.42</u> |
| Hispanic or multiracial | 81 | 5.92 | 67 | 82.72 | 14 | 17.28 |
| Education | | | | | | |
| Less than or equal HS degree/GED | 229 | 16.89 | 194 | 84.72 | 35 | <u>15.28</u> |
| Some college or Bachelor's degree | 847 | 62.46 | 752 | 88.78 | 95 | 11.22 |
| Graduate or Professional degree | 280 | 20.65 | 255 | 91.07 | 25 | 8.93 |

Results- Prior Mental Health Diagnosis

Past History of Anxiety or Depression vs Current Mental Health Symptoms

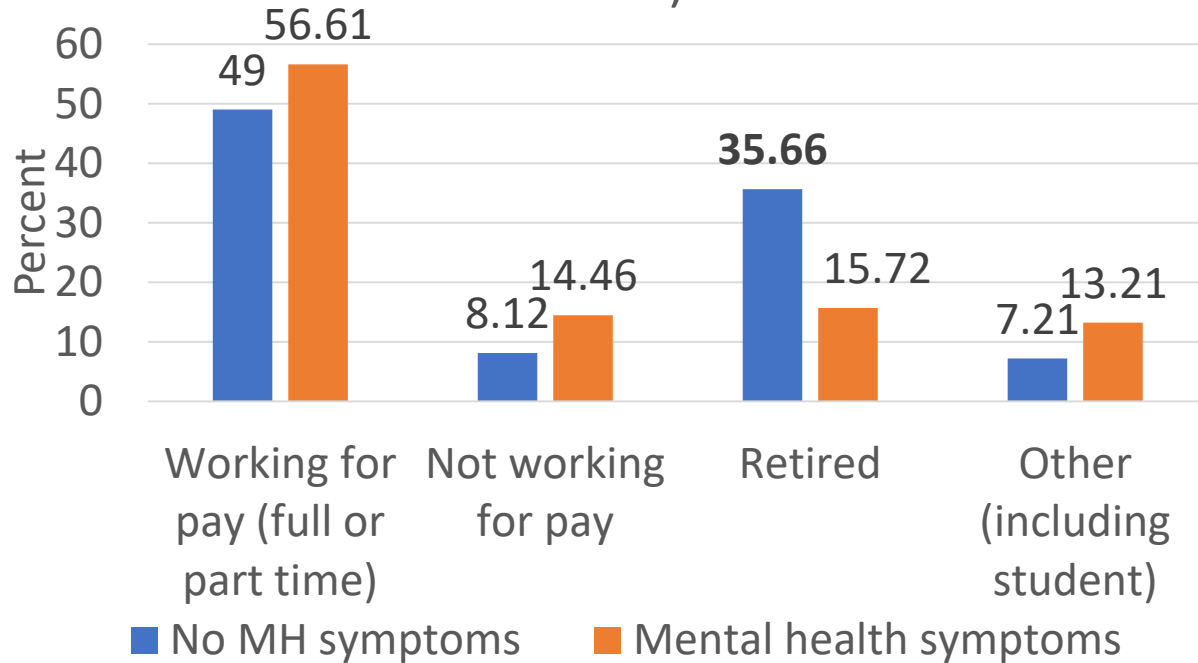


Access to Mental Health Care since COVID-19 pandemic began (early March 2020)

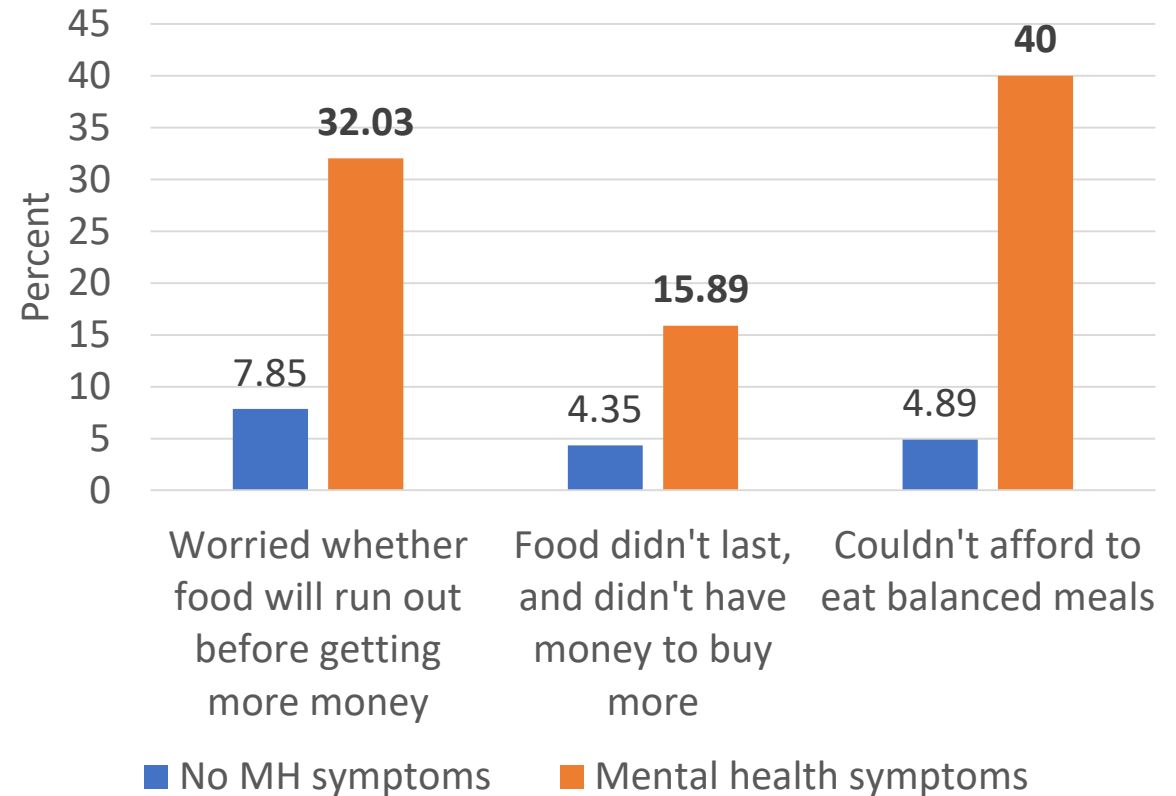


Results- Basic Needs

Current Employment Status (as of June 2020)



Food Insecurity Questions Since COVID-19 began (or 60-90 days ago)



23.4% of people with mental health symptoms could not afford to pay rent or mortgage during the pandemic, compared to 12% with no symptoms



23.5% of people with mental health symptoms worry about losing their job in the next 3 months compared to 7.6% with no symptoms

Findings to Date

- 11.6% of our sample - current mental health symptoms
- 1/2 individuals with current mental health symptoms have a history of a mental health diagnosis
 - ~ 1/4 tried to access care, but were unable to because of the pandemic
- Food insecurity far more likely to affect those with mental health symptoms
- Greater concerns about losing jobs & housing among those with mental health symptoms

Limitations

- Non-representative sample
 - Older, more educated, high income, white
 - Low participation rate
- Demographic, employment differences between the no symptoms/mental health symptoms groups
- COVID-19 testing limited in WI when this survey conducted

Next Steps

- Exploring logistic regression models, interactions
- Deeper dive into access to care variables
- Planned follow-up
 - 6 months, 1 year
 - Additional invite letters, phone calls
 - Longitudinal analyses

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- University of Wisconsin- Madison faculty
- Survey Participants



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Thank you!

Questions?

Results- COVID-19 perceptions

Do you think you were exposed to COVID-19 through a close contact with another individual?

