

Secondary Effects of Covid-19

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Points to Address

1. Increasing rates of psychological distress resulting from pandemic
2. Effective responses to counteract pandemic related distress

ARE RATES OF PSYCHOLOGICAL DISTRESS IMPACTED?

**INCREASE AS A RESULT OF
PANDEMIC**

Significant increase in MH Disorders^{1, 2, 3}

- The prevalence of symptoms of **anxiety** disorders was approximately *three times* those reported in the second quarter of 2019 (25.5% versus 8.1%)
- Prevalence of **depressive** disorders was approximately *four times* that reported in the second quarter of 2019 (24.3% versus 6.5%)
- Approximately *twice as many* respondents reported serious **consideration of suicide** in the previous 30 days than did adults in the United States in 2018, referring to the previous 12 months (10.7% versus 4.3%)

CDC – 2020 Pandemic MH Data

(Morbidity and Mortality Weekly Report / August 14, 2020 / 69(32);1049–1057)

TABLE 1. Respondent characteristics and prevalence of adverse mental health outcomes, increased substance use to cope with stress or emotions related to COVID-19 pandemic, and suicidal ideation — United States, June 24–30, 2020

Characteristic	All respondents who completed surveys during June 24–30, 2020 weighted no. (%)	Weighted % Conditions			COVID-19–related TSRD	Started or increased substance use to cope with pandemic-related stress or emotions	Seriously considered suicide in past 30 days	≥1 adverse mental or behavioral health symptom
		Anxiety disorder	Depressive disorder	Anxiety or depressive disorder				
All respondents	5,470 (100)	25.5	24.3	30.9	26.3	13.3	10.7	40.9
		Gender						
Female	2,784 (50.9)	26.3	23.9	31.5	24.7	12.2	8.9	41.4
Male	2,676 (48.9)	24.7	24.8	30.4	27.9	14.4	12.6	40.5

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All respondents	5,470 (100)	25.5	24.3	30.9	26.3	13.3	10.7	40.9
		Age group (yrs)						
18–24	731 (13.4)	49.1	52.3	62.9	46.0	24.7	25.5	74.9
25–44	1,911 (34.9)	35.3	32.5	40.4	36.0	19.5	16.0	51.9
45–64	1,895 (34.6)	16.1	14.4	20.3	17.2	7.7	3.8	29.5
≥65	933 (17.1)	6.2	5.8	8.1	9.2	3.0	2.0	15.1

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		Anxiety disorder	Depressive disorder	Anxiety or depressive disorder				
All respondents	5,470 (100)	25.5	24.3	30.9	26.3	13.3	10.7	40.9
				Race/Ethnicity				
White, non-Hispanic	3,453 (63.1)	24.0	22.9	29.2	23.3	10.6	7.9	37.8
Black, non-Hispanic	663 (12.1)	23.4	24.6	30.2	30.4	18.4	15.1	44.2
Asian, non-Hispanic	256 (4.7)	14.1	14.2	18.0	22.1	6.7	6.6	31.9
Other race or multiple races, non-Hispanic	164 (3.0)	27.8	29.3	33.2	28.3	11.0	9.8	43.8
Hispanic, any race(s)	885 (16.2)	35.5	31.3	40.8	35.1	21.9	18.6	52.1

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All respondents	5,470 (100)	25.5	24.3	30.9	26.3	13.3	10.7	40.9
2019 Household income (USD)								
<25,000	741 (13.6)	30.6	30.8	36.6	29.9	12.5	9.9	45.4
25,000–49,999	1,123 (20.5)	26.0	25.6	33.2	27.2	13.5	10.1	43.9
50,999–99,999	1,775 (32.5)	27.1	24.8	31.6	26.4	12.6	11.4	40.3
100,999–199,999	1,301 (23.8)	23.1	20.8	27.7	24.2	15.5	11.7	37.8
≥200,000	282 (5.2)	17.4	17.0	20.6	23.1	14.8	11.6	35.1

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All respondents	5,470 (100)	25.5	24.3	30.9	26.3	13.3	10.7	40.9
				Education				
Less than high school diploma	78 (1.4)	44.5	51.4	57.5	44.5	22.1	30.0	66.2
High school diploma	943 (17.2)	31.5	32.8	38.4	32.1	15.3	13.1	48.0
Some college	1,455 (26.6)	25.2	23.4	31.7	22.8	10.9	8.6	39.9
Bachelor’s degree	1,888 (34.5)	24.7	22.5	28.7	26.4	14.2	10.7	40.6
Professional degree	1,074 (19.6)	20.9	19.5	25.4	24.5	12.6	10.0	35.2

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All respondents	5,470 (100)	25.5	24.3	30.9	26.3	13.3	10.7	40.9
		Employment status						
Employed	3,431 (62.7)	30.1	29.1	36.4	32.1	17.9	15.0	47.8
Essential	1,785 (32.6)	35.5	33.6	42.4	38.5	24.7	21.7	54.0
Nonessential	1,646 (30.1)	24.1	24.1	29.9	25.2	10.5	7.8	41.0
Unemployed	761 (13.9)	32.0	29.4	37.8	25.0	7.7	4.7	45.9
Retired	1,278 (23.4)	9.6	8.7	12.1	11.3	4.2	2.5	19.6

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All respondents	5,470 (100)	25.5	24.3	30.9	26.3	13.3	10.7	40.9
Know someone who had positive test results for SARS-CoV-2								
Yes	1,109 (20.3)	23.8	21.9	29.6	21.5	12.9	7.5	39.2
No	4,361 (79.7)	26.0	25.0	31.3	27.5	13.4	11.5	41.3
Knew someone who died from COVID-19								
Yes	428 (7.8)	25.8	20.6	30.6	28.1	11.3	7.6	40.1
No	5,042 (92.2)	25.5	24.7	31.0	26.1	13.4	10.9	41.0

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All respondents	5,470 (100)	25.5	24.3	30.9	26.3	13.3	10.7	40.9
Receiving treatment for previously diagnosed condition								
Anxiety								
Yes	536 (9.8)	59.6	52.0	66.0	51.9	26.6	23.6	72.7
No	4,934 (90.2)	21.8	21.3	27.1	23.5	11.8	9.3	37.5
Depression								
Yes	540 (9.9)	52.5	50.6	60.8	45.5	25.2	22.1	68.8
No	4,930 (90.1)	22.6	21.5	27.7	24.2	12.0	9.4	37.9
Posttraumatic stress disorder								
Yes	251 (4.6)	72.3	69.1	78.7	69.4	43.8	44.8	88.0
No	5,219 (95.4)	23.3	22.2	28.6	24.2	11.8	9.0	38.7

WHY THE INCREASE?

**FEAR OF GETTING THE DISEASE VS.
STRESS FROM MITIGATION EFFORTS**

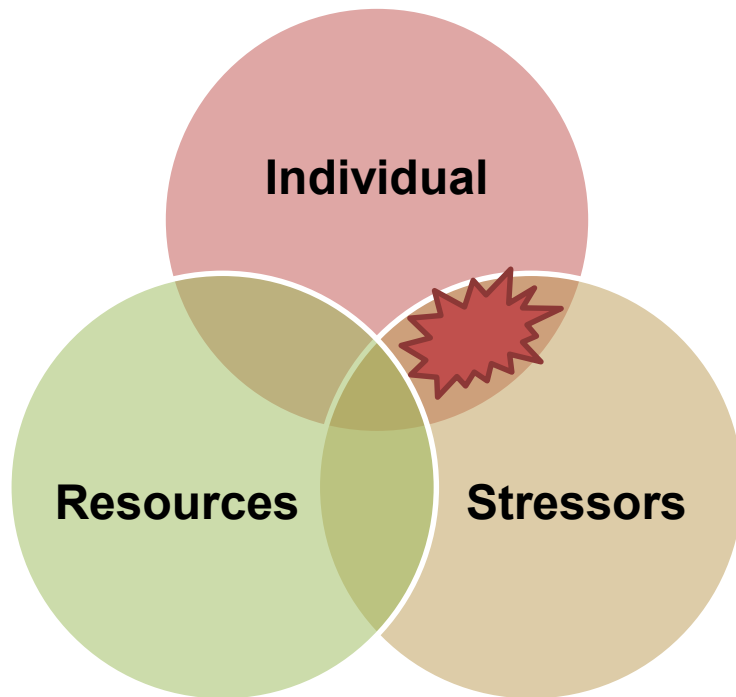
The Answer is “Yes”

- Fear, worry, and distress are normal reactions when faced with the **unknown**
(but this does not appear to be the primary cause of stress)
- **Restrictions**, as a result of pandemic, naturally impact:
 - **Employment** (e.g., working from home, unemployment)
 - **Education** (e.g., home schooling, distance learning, closures, continuing education)
 - **Support** (e.g., isolation from family, friends, activities, associations at school/work, religious services)
 - **Access** (e.g., leisure activities, essential goods & services, medical/mental health services)
- **Stressors have increased & resources have decreased**

WHAT IS THE IMPACT OF INCREASING STRESS?

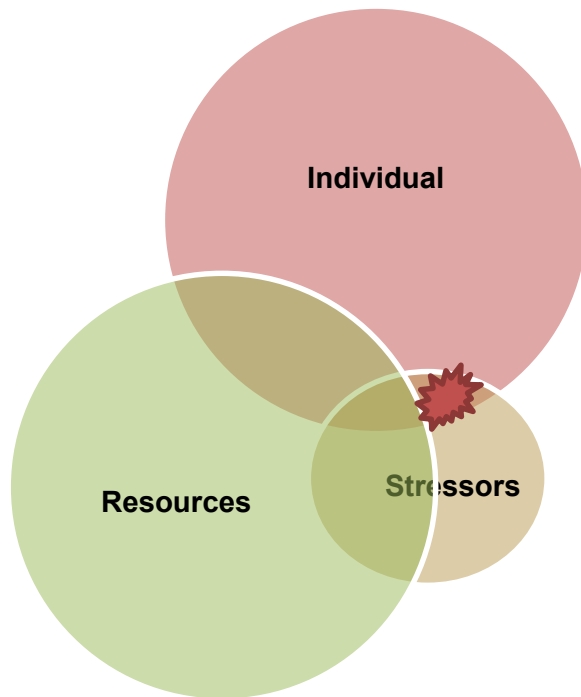
**DISTRESS, BURNOUT, FATIGUE, &
MISTAKES**

Origin of Distress, Burnout, Fatigue, & Mistakes



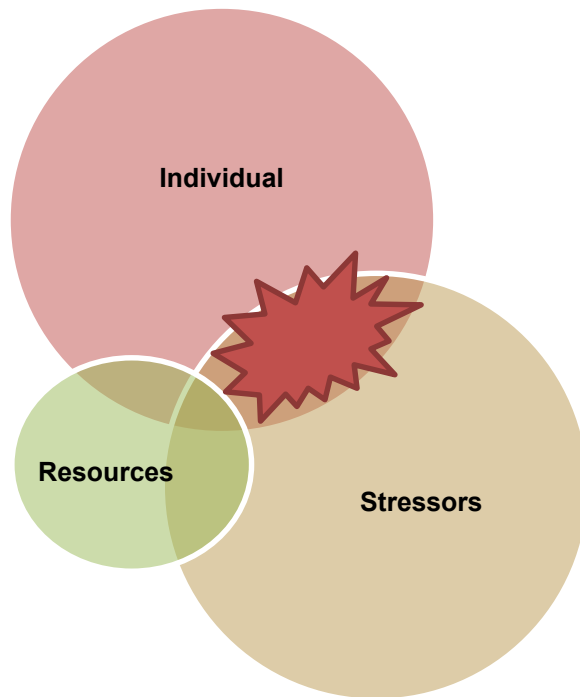
- All individuals experience stressors
- Stressors can be both positive (e.g., marriage) and negative (e.g., divorce)
- To the degree that an individual has access to resources, the impact of stressors is mitigated
- When stressors impact an individual without adequate resources, distress occurs

Origin of Distress, Burnout, Fatigue, & Mistakes



- Individuals with adequate resources are less likely to experience distress
- Individuals experiencing fewer stressors are less likely to experience distress

Origin of Distress, Burnout, Fatigue, & Mistakes



- Individuals with inadequate resources are more likely to experience distress
- Individuals experiencing abnormally high degree of stressors are more likely to experience distress
- Burnout, fatigue, and mistakes are the individual's response to chronic distress
- Overall effect in this situation is a sense of loss of control

THE ROOT OF THE PROBLEM & SOLUTION?

**LOCUS OF CONTROL: TAKING 100%
RESPONSIBILITY**

We Apply it in Nature



We Apply it as Parents



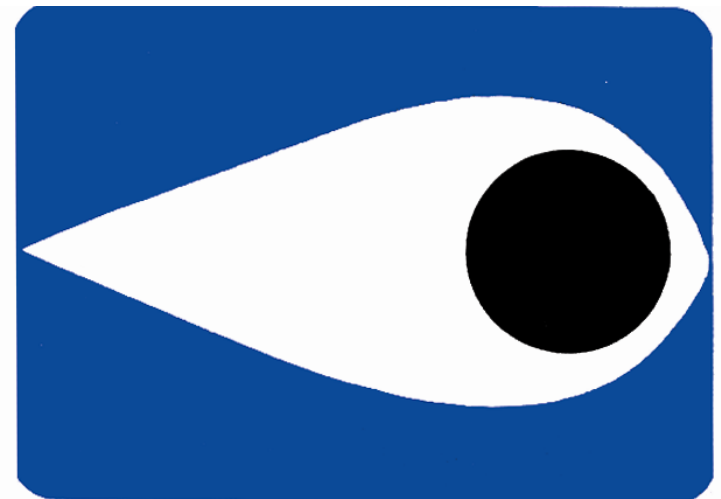
We Apply it to Threats

**IF YOU SEE SOMETHING,
SAY SOMETHING.**

Call 1-888-NYC-SAFE



The bottom of the sign features five logos: a small NYPD logo, a larger NYPD Police logo, the MTA Metropolitan Transportation Authority logo, another NYPD logo, and the TRANSWATCH logo.



NEIGHBORHOOD WATCH
WE LOOK OUT FOR EACH OTHER™

We Apply it to Customer Service



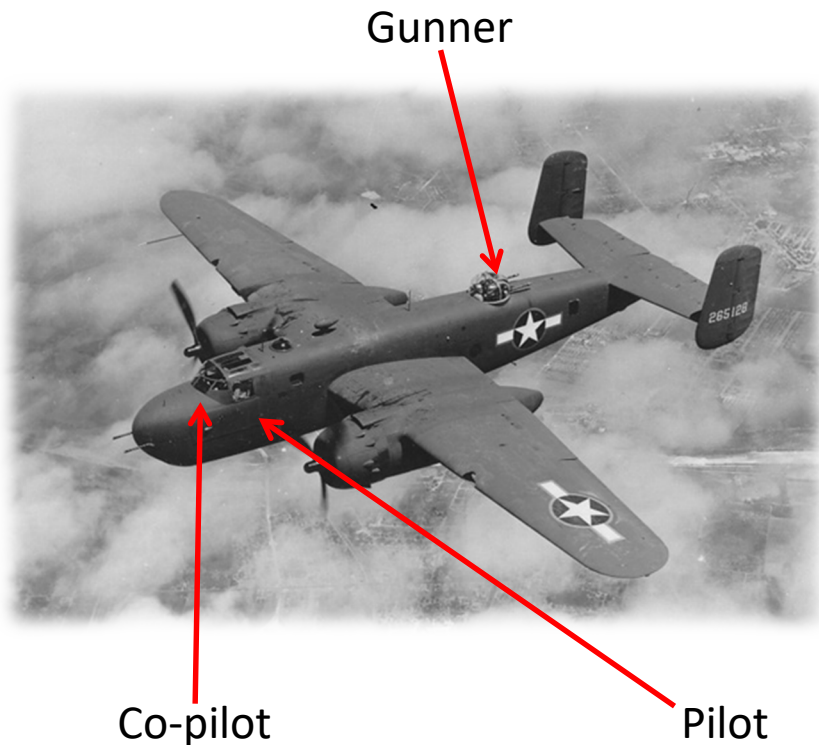
But...?



And What About...?



Outcomes and Locus of Control



- Positive outcomes are consistently tied to high locus of control personality characteristics and attitudes.

High vs. Low Locus of Control

Personality Characteristics

- aimless
- unfocused
- problem focused
- irresponsible
- irrational
- inconsistent
- dissatisfied in general
- in need of direction
- self-efficacy
- self-assured
- solution oriented
- pragmatic
- independent
- goal-driven
- hard-working
- responsible
- intellectually mature

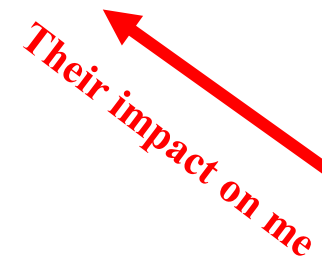
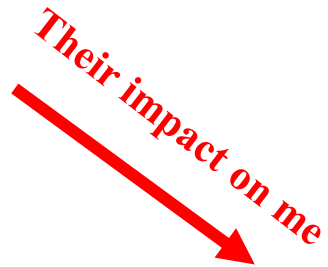
Low Locus Focus:

- What others need to do
 - Others' mistakes
- Others' impact on me
- What others are doing

Coworker/Boss



Family



Friend



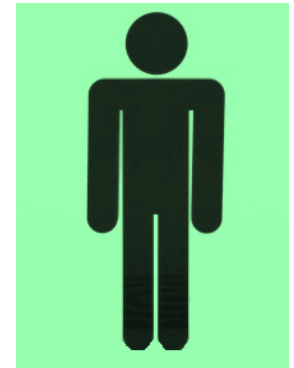
Anybody Else

High Locus Focus:

- What I need to do
 - My mistakes
 - My impact on others
- The results of what I am doing

Coworker/Boss

Family



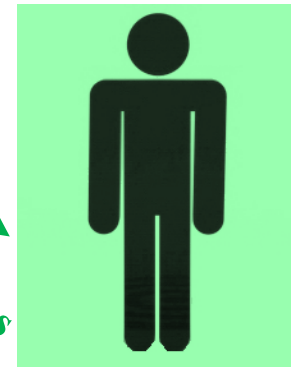
My impact on others

My impact on others



My impact on others

My impact on others



Friend

Anybody Else

Rosenthal, R., & Fode, K. (1963). The effect of experimenter bias on performance of the albino rat. *Behavioral Science*, 8, 183-189.



Rosenthal, R., & Jacobson, L. (1963). Teachers' expectancies: Determinants of pupils' IQ gains. *Psychological Reports*, 19, 115-118.





You will be successful

Anybody Else

Path to High Control

1. Discover and articulate your vision/values
2. Become mindful of your mind
3. Differentiate who you are from your experience
4. Choose workability as the guide for your behavior
5. Make a daily commitment to valued action

WHAT IS MY ASSIGNMENT?

TAKING ACTION – TAKING CONTROL

Organizational Considerations - Values

- Make **compliance** with all guidelines, standards, rules, and regulations your standard
- **Support** employees/customers in ways that facilitate **compliance**
- Provide a **healthy workplace** climate and enable **work/life balance**
- **Encourage help seeking and provide resources**

Individual Considerations - Values

- Take **personal responsibility** for being a part of the **solution** & **encourage** others to do the same
- **Seek support** through informal/formal supports as needed
- **Provide support** to others & encourage further care when needed

Community Resources

- The Idaho Careline –
 - 211
- Idaho Suicide Prevention Hotline –
 - 1-208-398-4357 (call/text) / 1-800-273-8255 (call)
- DHW Behavioral Health –
 - 1-208-528-5700
- Behavioral Health Crisis Center of East Idaho –
 - 1-208-522-0727
- Local Providers
- Local Hospital Emergency Departments

Final Consideration – Plant a Tree

Best time – 10 years ago



2nd Best time - Today



Citation Index

1. CDC, National Center for Health Statistics. Early release of selected mental health estimates based on data from the January–June 2019 National Health Interview Survey. Atlanta, GA: US Department of Health and Human Services, CDC, National Center for Health Statistics; 2020.
<https://www.cdc.gov/nchs/data/nhis/earlyrelease/ERmentalhealth-508.pdf>
2. Substance Abuse and Mental Health Services Administration. Key substance use and mental health indicators in the United States: results from the 2018 National Survey on Drug Use and Health. Rockville, MD: US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration; 2018. <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf>
3. Czeisler MÉ , Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1>