Adult mental health and COVID-19

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For resources on mental health during COVID-19 please see our website:
hsph.me/covid-19-mental-health
1. The COVID-19 pandemic has many characteristics of traumatic stress toxic to mental health.
Pregnant and recently pregnant women show high prevalences of anxiety, depression and PTSD during COVID-19.
Increase in depression symptoms in U.S. adults during the COVID-19 pandemic

One-year post Ebola, adults in Sierra Leone show high prevalences of anxiety, depression and PTSD symptoms.

**Figure 1** Prevalence of anxiety-depression and PTSD symptoms—National Knowledge, Attitudes and Practices Survey, Sierra Leone, July 2015 (N=3564). PTSD, post-traumatic stress disorder.
2. The mental health effects of COVID-19 are socially patterned.
Home foreclosure and risk of psychiatric morbidity during the recent financial crisis

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Results—The most common reasons for foreclosure were an increase in monthly payments, an increase in non-medical expenses and a reduction in family income. Exposure to foreclosure between waves 1 and 2 predicted symptoms of major depression and GAD at wave 2, controlling for symptoms at wave 1. Even after adjusting for wave 1 symptoms, sociodemographics, lifetime history of psychiatric disorder at wave 1 and exposure to other financial stressors between waves 1 and 2, foreclosure was associated with an increased rate of symptoms of major depression [incidence density ratio (IDR) 2.4, 95% confidence interval (CI) 1.6–3.6] and GAD (IDR 1.9, 95% CI 1.4–2.6).
Income differences in percentage of respondents with high anxiety in England

Prevalence of probable depression across different stressors among people with high and low assets, Hong Kong

![Bar chart showing the prevalence of probable depression across different stressors among people with high and low assets in Hong Kong.](chart.png)

3. Mental health is the foundation of all health.
Figure. Cumulative Incidence of Type 2 Diabetes, Stratified by Number of Posttraumatic Stress Disorder Symptoms (Nurses’ Health Study II, 1989-2011)
PTSD and depression increase risk of cognitive decline

Psychomotor speed/attention

Learning/working memory

Slide Courtesy of Rebecca Lawn, unpublished data
PTSD and depression increase risk of early mortality

51,602 women at mean (range) age = 53.3 (43-64) years at study baseline in 2008, followed to 2017

Recognize the problem
Expand social safety net
Assist those most at risk
Cultivate resilience
Have empathy

for Mental Health
during COVID-19

hsph.me/covid-19-mental-health
Thank you

In memory of the almost 3.67 million people who have died of COVID-19 and their friends and family members who are grieving.

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For information on our mental health forums please see our website:
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For information on the International Registry for COVID-19 in pregnancy see:
https://corona.pregistry.com/
Impact of COVID on Maternal and Child Anxiety and Depression

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Mental Health Difficulties

**Depression** - feelings of sadness, hopelessness, lack of interest, pleasure and/or motivation, as well as physical symptoms such as sleep, appetite, and concentration difficulties

**Anxiety** - excessive worry, physiological hyperarousal, and/or debilitating fear
Our Study: Participants & Demographics

~1500 Mothers followed since their pregnancy in 2009-2011

Children are now 9-11 years old

- ~85% married
- 80% >$80k
- ~75% White
- At least 1 child in elementary school
- ~75% post-secondary
Our Study: COVID-19 Impacts

- **60%** Loss of income
- **43%** Struggling to meet financial needs
- **5%** Food insecurity
- **78%** Difficulty balancing demands

Maternal Mental Health Difficulties During COVID-19
Maternal Anxiety and Depression Over Time

Proportion of Mental Health Difficulties

- Anxiety
- Depression

3 year
2012-2014

5 year
2014-2016

8 year
2017-2019

9.5 Years
May-June 2020

Predictors of Maternal Mental Health from Pre- to During COVID-19

- Difficulty Balancing Demands
- No Childcare
- Job Loss

Predicted Increases in Maternal Depression and Anxiety

**p < .01.

Child Mental Health Difficulties During COVID-19
Children and COVID-19

- School/Child Care Closure
- Reduced Social Interaction
- Stay at Home Orders
- Disruptions in routine
- Fear & Anxiety

Photo source: colorbox
Prevalence of Youth Mental Health Difficulties Pre- to during COVID-19

Anxiety
- Pre-Pandemic: 8.5
- COVID-19 Preschoolers (Glynn, 2021): 48

Depression
- COVID-19 Middle School (McTavish, 2021): 11.5
- COVID-19 Tweens (Murata, 2020): 25.6
- COVID-19 Preschoolers (Glynn, 2021): 39.9
- COVID-19 Tweens (Murata, 2020): 55
Predictors of Youth Mental Health during COVID-19

- Feeling Disconnected to parents
- Increase Screen Use
- Decreased Sleep

Youth reported Mental Distress
(anxiety; depression)
The 4\textsuperscript{th} Wave of the Pandemic?
Mental Health Difficulties

\textit{Figure 1}. The four waves of COVID-19. Adapted from Dr. Victor Tseng
Implications

- Need for high-quality and accessible mental health resources for children

- Need for increased access via e-mental health and evidence-informed online interventions

- Future research needed to address whether maternal and child mental health during COVID-19 are maintained over time
Acknowledgements
COVID-19, Mental Health Inequities, and Structural Racism

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Luke & Grace Kim Professor in Cultural Psychiatry
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The Biopsychosocial Model
Health Disparities:
Differences in health status among distinct segments of the population including differences that occur by gender, race or ethnicity, education or income, disability, or living in various geographic localities.
Health Inequities:
Disparities in health that are a result of systemic, avoidable, and unjust social and economic policies and practices that create barriers to opportunity
The societal, environmental, and economic conditions that impact and affect mental health outcomes across various populations.

These conditions are shaped by the distribution of money, power, and resources at global, national, and local levels, which are themselves influenced by policy choices.

The social determinants of health are prominently responsible for health disparities and inequities seen within and among populations.

A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity.
Rise in depression rates in the COVID pandemic is attributable to multiple social determinants of mental health, including unemployment, food insecurity, poverty, discrimination, adverse early life experiences, and poor access to health care.

Thus, interventions to address this increased prevalence must focus on addressing the social determinants of mental health.
Age-Standardized COVID-19 Mortality Rate by Race and Gender in Michigan

Intersectionality

While men are more likely than women to die from COVID-19, intersecting identities puts oppressed and minoritized populations at greater risk for mortality.
“The concentration and deleterious interaction of two or more disease or other health conditions in a population, especially as a consequence of social inequity and the unjust exercise of power.”

“In syndemics, the interaction of diseases or other health problems...commonly arises because of adverse social conditions...that put socially devalued groups at heightened risk.”

-Merrill Singer
Recommendations

1. Engage and Empower Communities
   - Protect “Essential Workers” and Other “Vulnerable” Populations
   - Support School-Based Interventions
   - Optimize Community-Led Crisis Response Interventions
   - Promote Workforce Diversity

2. Expand Insurance Coverage and Access to Care
   - Expand Financial Supports for Mental Health Service Delivery
   - Promote Medicaid Expansion and Universal Healthcare

3. Improve Data Collection and Dissemination


