

# Massachusetts Department of Public Health

## COVID-19 COMMUNITY IMPACT SURVEY: MENTAL HEALTH

Presented by: W.W. Sanouri Ursprung  
Topic Leads: Matthew Tumpney & Rebecca Han  
Team: Lauren Larochele, Vera E. Mouradian,  
Caroline Stack, Arielle Coq, Amy Flynn



*Results as of June 8, 2021*

# REMINDER

This webinar is meant to be watched after you have already seen the [CCIS Introduction Webinar](#).

The introduction contains important background information explaining how to interpret these results, how we did the survey, and how to frame these findings with a racial justice lens so that we can all turn the CCIS data into action!

Visit <http://mass.gov/covidsurvey> for more!

# CCIS TEAM MEMBERS

## CCIS Project Leads

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## CCIS Steering Committee

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## CCIS Data to Action Workgroup

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## CCIS Data Dissemination Workgroup

Beth Beatriz, Glory Song, Emily Sparer-Fine, Ta Wei Lin, Vera Mouradian, Rebecca Han

# CCIS COMMUNITY PARTNERS

Many groups that were critical in the success of this effort and gave important input on the development and deployment of the survey:

- Health Resources in Action (HRiA)
- John Snow International (JSI)
- Academic Public Health Volunteer Corps and their work with local boards of health and on social media
- Mass in Motion programs, including Springfield, Malden, and Chelsea
- Cambodian Mutual Assistance
- The Mashpee Wampanoag Tribe
- The Immigrants' Assistance Center, Inc
- Families for Justice as Healing
- City of Lawrence Mayor's Health Task Force
- The 84 Coalitions, including the Lawrence/Methuen Coalition
- Boys and Girls Clubs, including those in Fitchburg and Leominster and the Metro South area
- Chinatown Neighborhood Association
- Father Bill's
- UTEC
- MassCOSH
- Stavros Center for Independent Living
- Greater Springfield Senior Services
- Center for Living and Working
- DEAF, Inc.
- Massachusetts Commission for the Deaf and Hard of Hearing
- Viability, Inc.



# PURPOSE AND INTENT

# MENTAL HEALTH

This webinar will share some key findings from the COVID-19 Community Impact Survey (CCIS) around the pandemic's mental health impacts. The goal is that these findings:

- Inform immediate and short-term actions
- Identify ways to advance new, collaborative solutions with community partners to solve the underlying causes of inequities
- Provide data that stakeholders at all levels can use to "make the case" for a healthy future for ALL.

Remember to watch the [CCIS Introduction Webinar](#) for important background, tools, and tips to frame these findings with a racial justice lens to turn the CCIS data into action!

Visit <http://mass.gov/covidsurvey> for all things CCIS!



# MENTAL HEALTH

Leads: Matthew Tumpney, Rebecca Han  
Team: Lauren Larochele, Vera Mouradian,  
Caroline Stack, Arielle Coq, Amy Flynn

# FRAMING MATTERS

Despite the common belief that poor mental health is associated with an individual's ability to cope, the data shows us that there is a strong association between mental health and the stressors people experience, including employment, childcare, access to food and housing, discrimination, and much more. For this reason, clinical services are not enough to address poor mental health – structural change, such as increasing equitable access to care, is needed for sustainable change.



# MENTAL HEALTH INDICATORS

Two aspects of Mental Health were captured by the survey:

## How has the pandemic impacted the mental health of all residents?

- Adapted from “Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)”\*
- **“3+ PTSD-like reactions”** - Respondents were asked how many PTSD related reactions to the pandemic they had experienced in the past month from a validated list of reactions.



## How have residents with the most persistent poor mental health been impacted by the pandemic?

- Standard item from the CDC Behavioral Risk Factor Surveillance System\*\*
- **“15+ days of poor mental health”** - Respondents were asked how many days during the past 30 days their mental health was not good, which includes stress, depression, and problems with emotions

\* See Appendix for more details; Reference: Prins, A., Bovin, M. J., Kimerling, R., Kaloupek, D. G., Marx, B. P., Pless Kaiser, A., & Schnurr, P. P. (2015). Primary Care PTSD Screen for DSM-5 (PC-PTSD-5) [Measurement instrument]. Available from <https://www.ptsd.va.gov>

\*\* Reference: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Questionnaire. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention

# MENTAL HEALTH STATUS

All demographic groups in MA are experiencing **increases** in poor mental health.

Percent of MA subpopulations most likely to report 15+ days of poor mental health in the past 30 days



Rates are **3X higher** than the 2019 MA BRFSS.

With **1 in 3 MA** adults reporting 15+ days of poor mental health in the past 30 days.

Of the subpopulations experiencing high rates of poor mental health, **respondents with disabilities** reported the highest rates of 15+ days of poor mental health

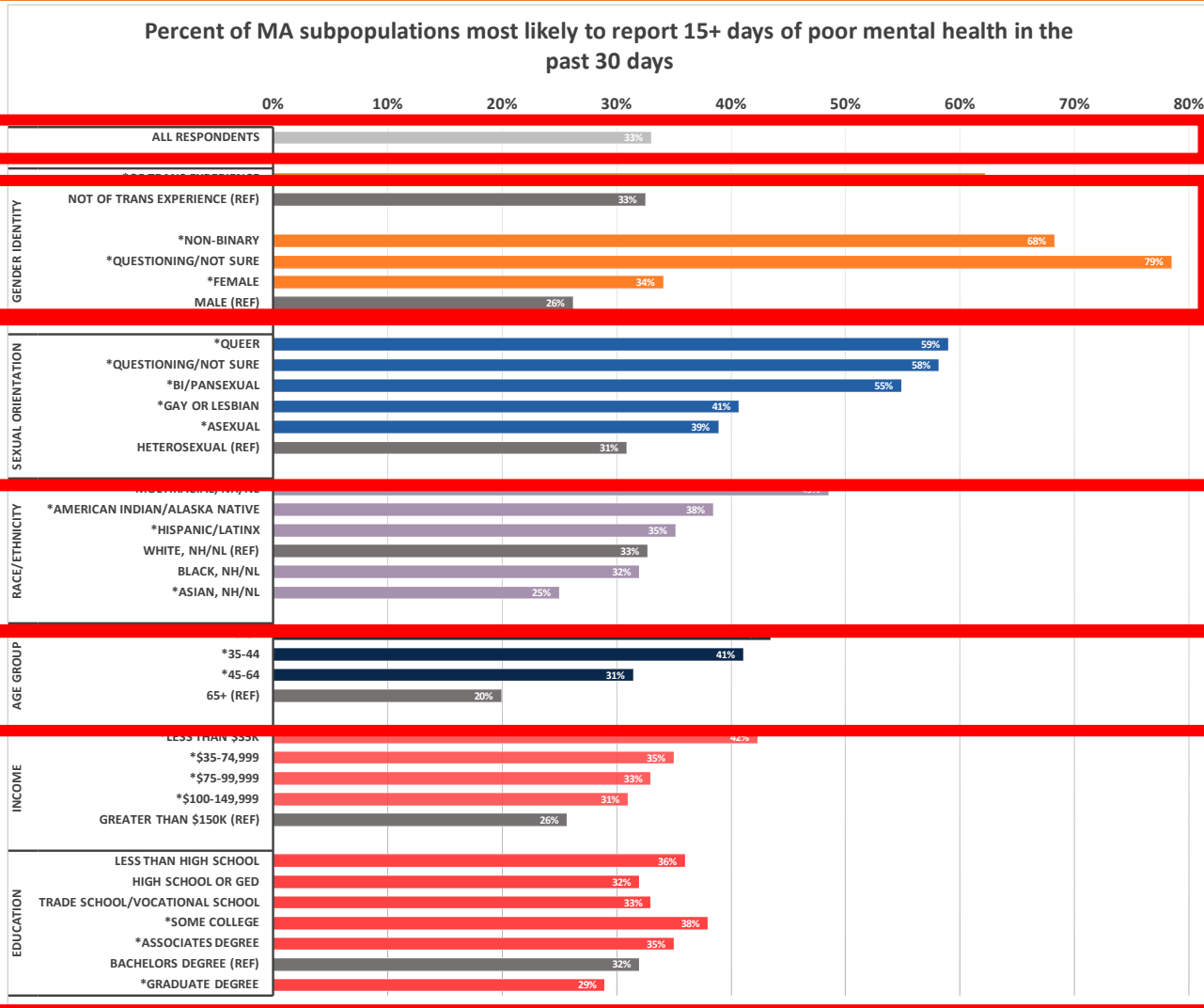
- This was true across all categories

Almost **1 in 2** caregivers of persons with special needs and parents of children with special healthcare needs are experiencing high rates of poor mental health

\* Denotes rate is significantly different ( $p < 0.05$ ) compared to the reference group (REF)

# MENTAL HEALTH STATUS CNTD.

All demographic groups in MA are experiencing **increases** in poor mental health.



The groups reporting the highest rates of poor mental health include:

- Respondents of transgender experience, non-binary respondents, and respondents questioning their gender identity
- LGBTQ+ respondents
- Multiracial, nH/nL, American Indian/Alaska Native, and Hispanic/Latinx respondents
- Younger respondents
- Respondents with low income <\$35k
- Those with lower educational attainment

These are the same demographic groups who were more likely to have 3+ PTSD-like reactions in the past 30 days, with the exception of the Hispanic/Latinx race group which was not statistically significant.

1 in 4 adults reported 3+ PTSD-like reactions.

Notes on subpopulations:

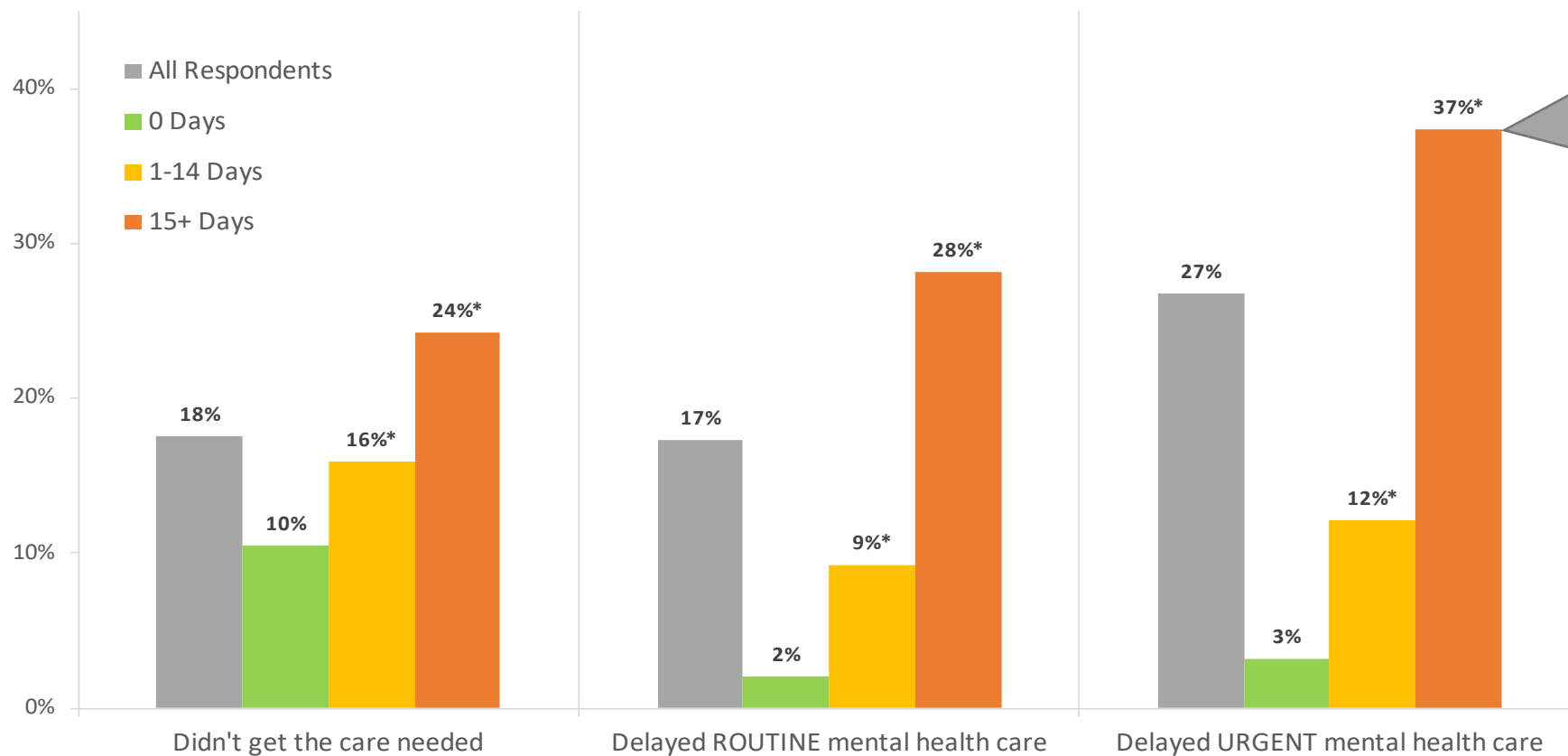
- nH/nL = non-Hispanic/non-Latinx
- 'American Indian/Alaska Natives' includes Hispanic/Latinx

\* Denotes rate is significantly different ( $p < 0.05$ ) compared to the reference group (REF)

# DELAY IN HEALTH CARE

Respondents who reported any days of poor mental health were more likely to experience delayed care, including routine and urgent mental health care, compared to those who reported 0 days of poor mental health.

Percent Delayed Care by Number of Poor Mental Health Days in the Past 30 Days



Among respondents who reported 15+ days of poor mental health, the following groups experienced delayed urgent mental health care at the highest rates:

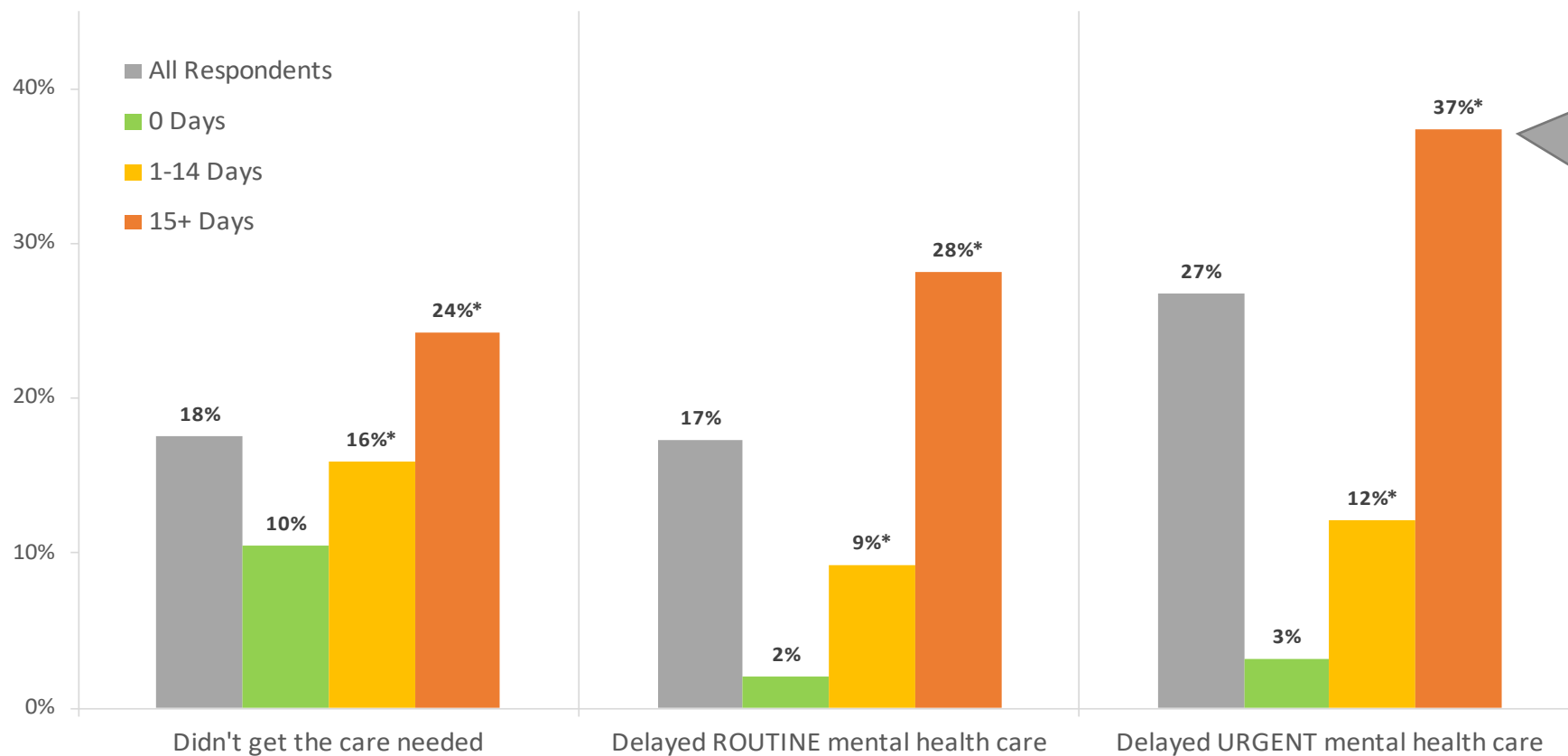
- Bisexual/Pansexual respondents
- Respondents with Cognitive Disabilities
- Respondents between ages 25-44

\* subgroup is significantly different compared to respondents with 0 poor mental health days at the  $p < 0.05$  level  
NOTE: Similar results were seen when comparing delays in care by the number of PTSD-like reactions to COVID-19.

# DELAY IN HEALTH CARE, CONT.

Respondents reporting poor mental health were more likely to experience delayed care, including routine and urgent mental health care, compared to those who reported no poor mental health days.

Percent Delayed Care by Number of Poor Mental Health Days in the Past 30 Days



Among respondents who reported 15+ days of poor mental health, the top reasons for delays in any health care included:

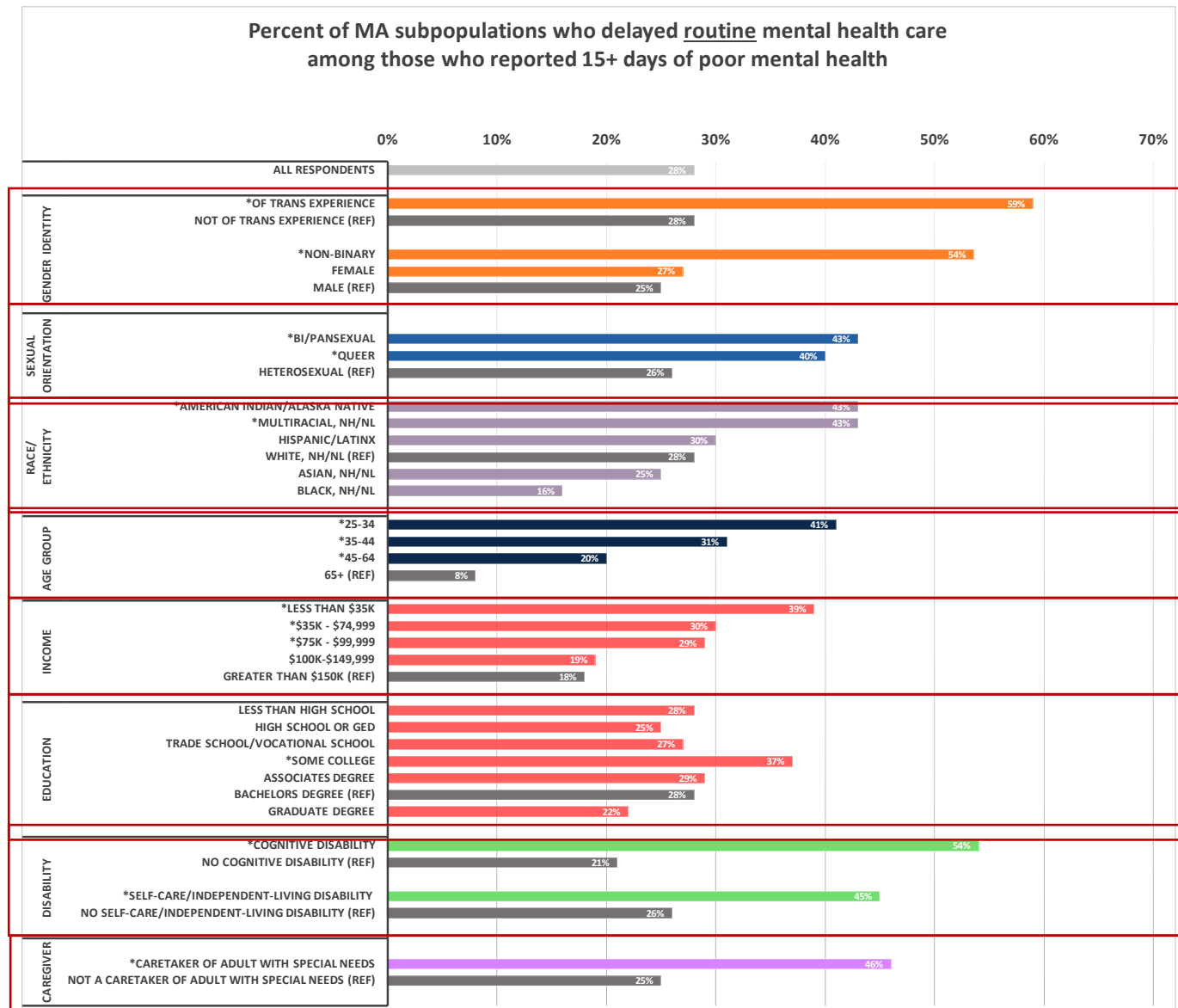
1. Appointment was cancelled/delayed
2. Worried about getting COVID-19 from in-person care
3. Worried they could not afford the care or that their insurance didn't cover it
4. Not having a private place for a phone call or video chat

\* subgroup is significantly different compared to respondents with 0 poor mental health days at the  $p < 0.05$  level

NOTE: Similar results were seen when comparing delays in care by the number of PTSD-like reactions to COVID-19.

# DELAY IN ROUTINE MENTAL HEALTH CARE

Percent of MA subpopulations who delayed routine mental health care among those who reported 15+ days of poor mental health



Almost 30% of adults who reported 15+ days of poor mental health experienced delayed routine mental health care.

Among adults who reported 15+ days of poor mental health, the following groups delayed routine mental health care at the highest rates:

- Respondents of transgender experience, non-binary respondents, and respondents questioning their gender identity
- Bi/Pansexual and queer respondents
- American Indian/Alaska Native and Multiracial, nH/nL respondents
- Respondents between ages 25-34
- Respondents with income <\$35k and those with some college experience
- Respondents with disabilities
- Caregivers of adults with special needs

Notes on subpopulations:

- nH/nL = non-Hispanic/non-Latinx

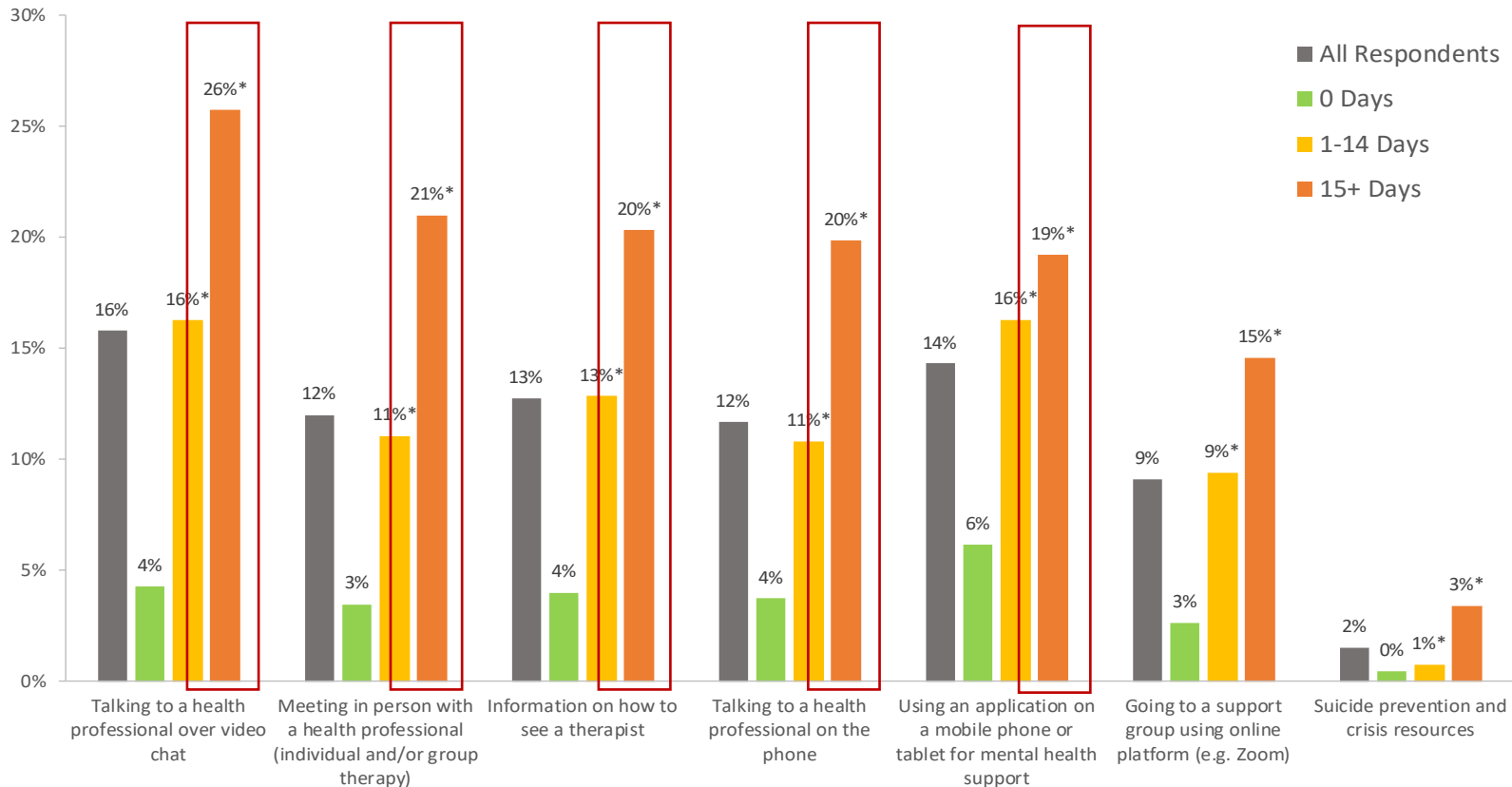
- 'American Indian/Alaska Natives' includes Hispanic/Latinx

\* significant at the  $p < 0.05$  level as compared to the grey referent group in each cluster

# REQUESTED RESOURCES

Respondents who reported poor mental health were **5-7 X** more likely to request health resources compared to those who reported no days of poor mental health.

Percent of Respondents Who Requested Resources by Number of Poor Mental Health Days in the Past 30 Days



\* subgroup is significantly different compared to respondents with 0 poor mental health days at the  $p < 0.05$  level

## TOP 5 RESOURCES REQUESTED among respondents with 15+ days of poor mental health

1. Talking to a health professional over video chat
2. Meeting in person with a health professional (individual and/or group therapy)
3. Information on how to see a therapist
4. Talking to a health professional on the phone
5. Using an application on a mobile phone or tablet for mental health support

# SUICIDE PREVENTION RESOURCES

Requests for suicide prevention and crisis management resources were as high as 17% among certain subpopulations.

Among all survey respondents, about 2% requested resources for suicide prevention and crisis management.

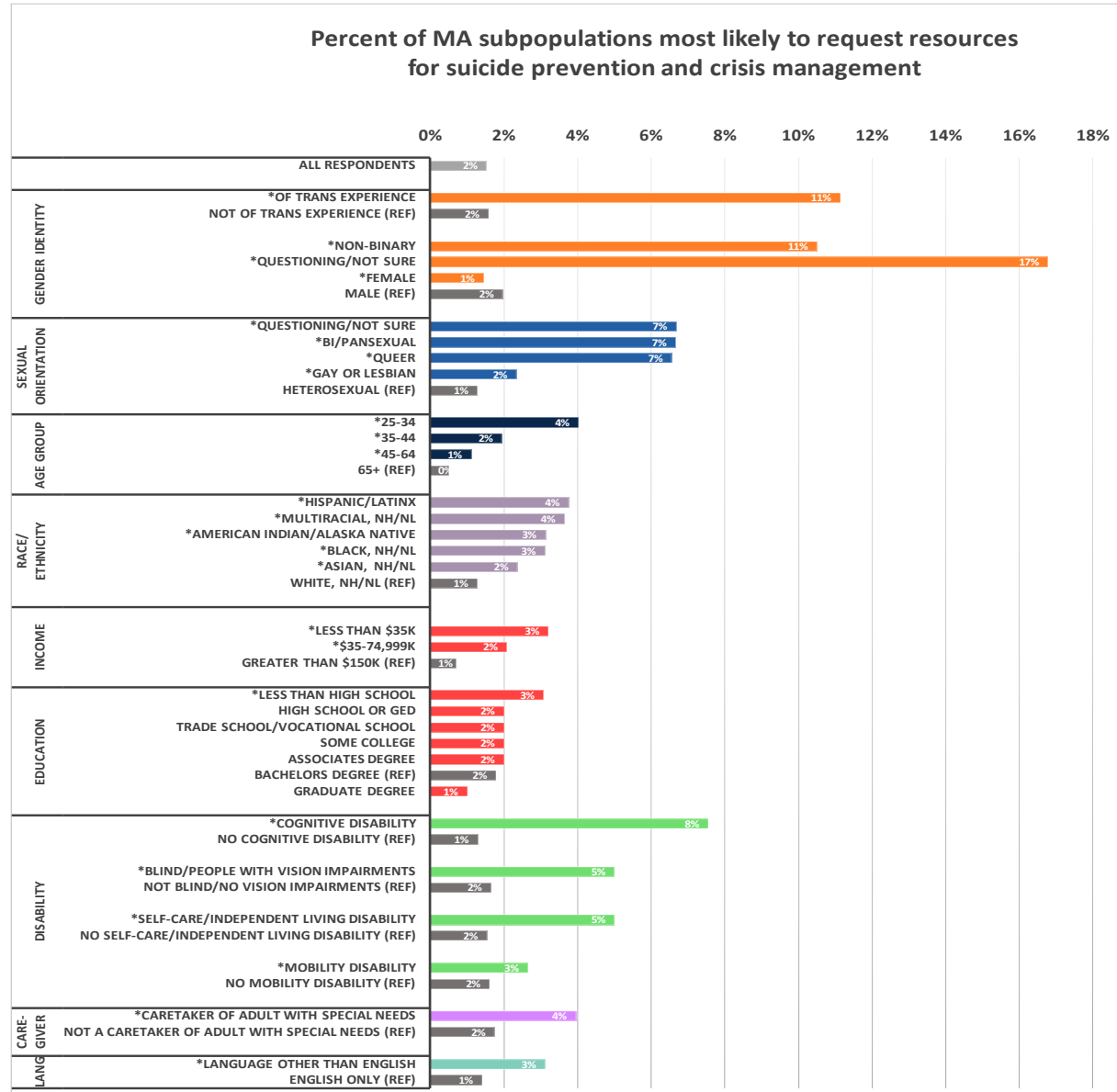
The groups that reported the highest need for suicide prevention and crisis management resources were:

- Respondents of transgender experience, non-binary respondents, and respondents questioning their gender identity
- LGBTQ+ respondents
- Respondents ages 25-34
- Hispanic/Latinx respondents
- Respondents with lower incomes
- Those with low educational attainment
- Respondents with disabilities
- Caretakers of adults with special needs
- Those who speak a language other than English

Many of these groups also reported higher rates of poor mental health across both indicators

**Notes on subpopulations:**

- nH/nL = non-Hispanic/non-Latinx
- 'American Indian/Alaska Natives' includes Hispanic/Latinx
- \* Denotes rate is significantly different (p<0.05) compared to the reference group (REF)





# RESPONDENTS WITH POOR MENTAL HEALTH

Those who reported 15+ days of poor mental health were much more likely to be impacted by social determinants of health, when compared to respondents who experienced 0 days of poor mental health,



2x more likely to have **delay in health care**



2.4x more likely to have **change in employment to take care of child/children**



2.6x more likely to worry about **getting medication**



2x more likely to be “very worried” about **getting covid-19**



2-3x more likely to worry about the following basic needs: **healthcare, technology, and childcare**



2.5X more likely to worry about **expenses/bills**



2-3X more likely to **request resources that would be helpful to them**



# KEY TAKEAWAYS

- Persistent poor mental health has **tripled** during the pandemic.
- Respondents who reported **any** days of poor mental health were also more likely to experience delays in seeking care, have a change in employment due to childcare reasons, worry about accessing basic needs, worry about paying for expenses, and request relevant resources.
- While all demographic groups in MA are experiencing increases in poor mental health, **LGBTQ+ respondents, respondents with disabilities, American Indian/Alaska Native respondents, Hispanic/Latinx respondents, multiracial respondents, respondents ages 25-44, respondents with lower income, and caregivers of adults with special needs** are disproportionately experiencing poor mental health. These groups also experience discrimination and face barriers related to access to food, housing, and care.

# WANT TO KNOW MORE?

Visit <http://mass.gov/covidsurvey> for more information on how residents of Massachusetts have been impacted by the pandemic and how we can all work together to turn these data into action!