



A Snapshot of Emotional Well-Being in Orange County during COVID-19

Results from the OC COVID-19 Surveys



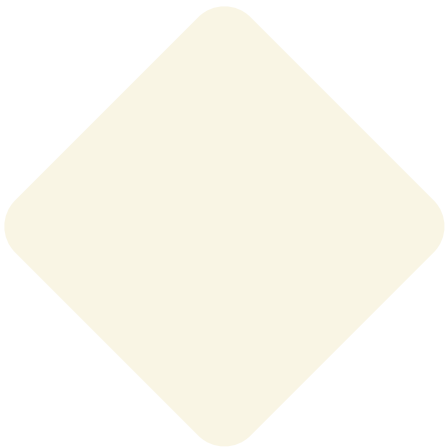
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Background

CDC COVID-19 SURVEY

3

Among 5,412 US adults responding to a CDC survey in late June 2020...

31%

Reported **anxiety or depressive symptoms**

11%

Seriously considered **suicide**

13%

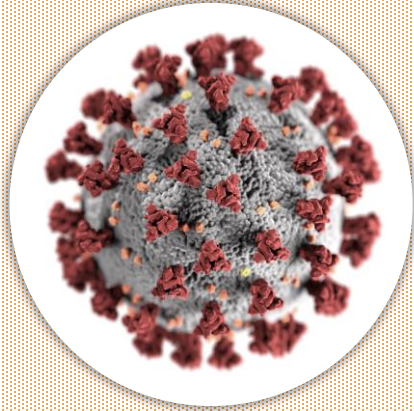
Started or increased **substance use** in a way not recommended by their physician

... in the 30 days preceding the survey

from: "MENTAL HEALTH, SUBSTANCE USE, AND SUICIDAL IDEATION DURING THE COVID-19 PANDEMIC — UNITED STATES, JUNE 24–30, 2020"

<https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6932a1-H.pdf>

OC COVID-19 SURVEYS: WHY?



Assess emotional well-being of OC residents during COVID-19 pandemic (Nov–Dec 2020)



Assist the HCA in anticipating the potential impact of the pandemic on mental health



Help improve responsiveness of county behavioral health services





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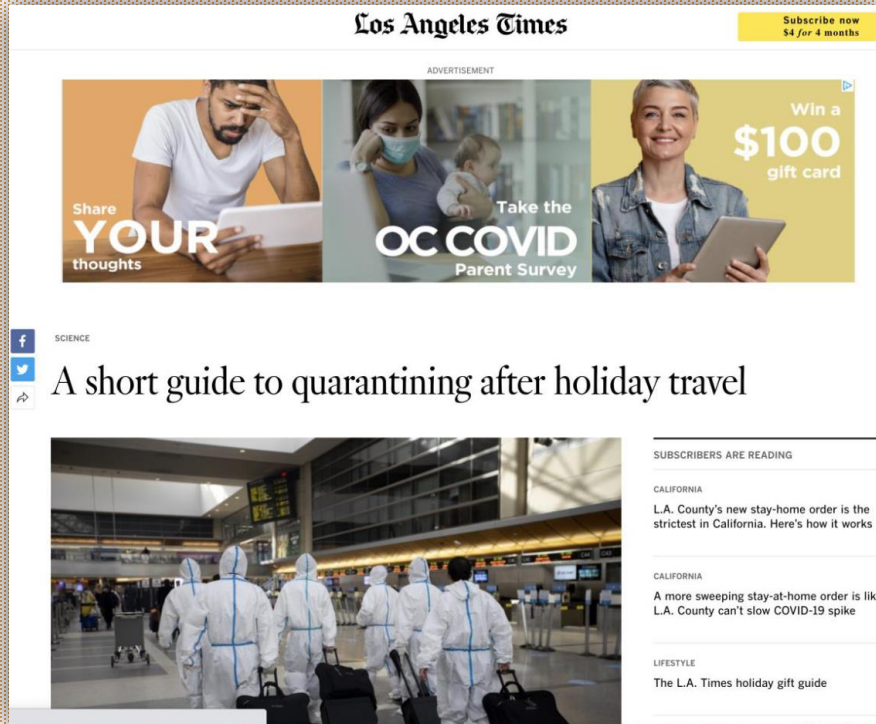


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The Surveys

OC COVID-19 SURVEYS: WHAT?

6



COVID-19 Related Items:
Adapted from CDC survey



Distress Items:
Kessler-6 (*adults*); Pediatric Symptom Checklist-17

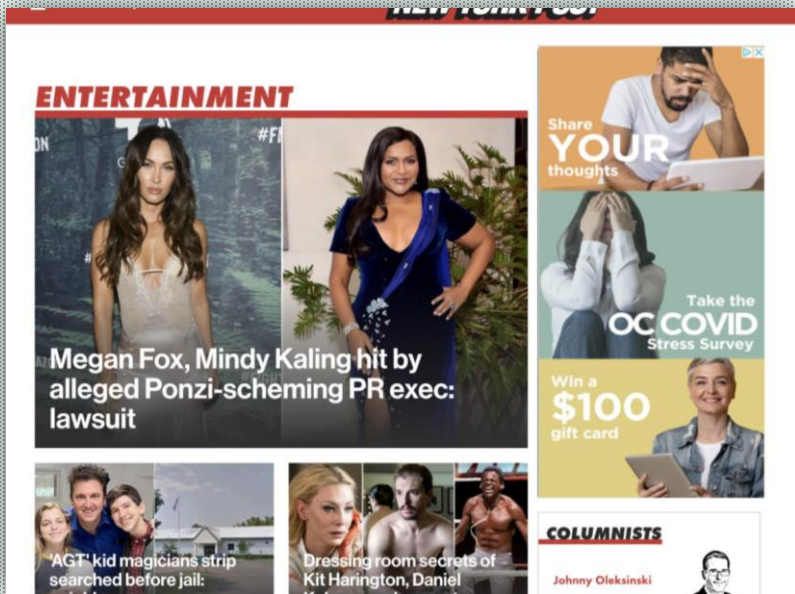


Checklists on:
Coping Strategies, Healthcare Access, Barriers



OC COVID-19 SURVEYS: WHO?

7



Any Orange County adult ages 18+ years old
or adult parent of a child ages 4-17 years



If 1+ child in household, parent asked to
report on child "most affected" by COVID

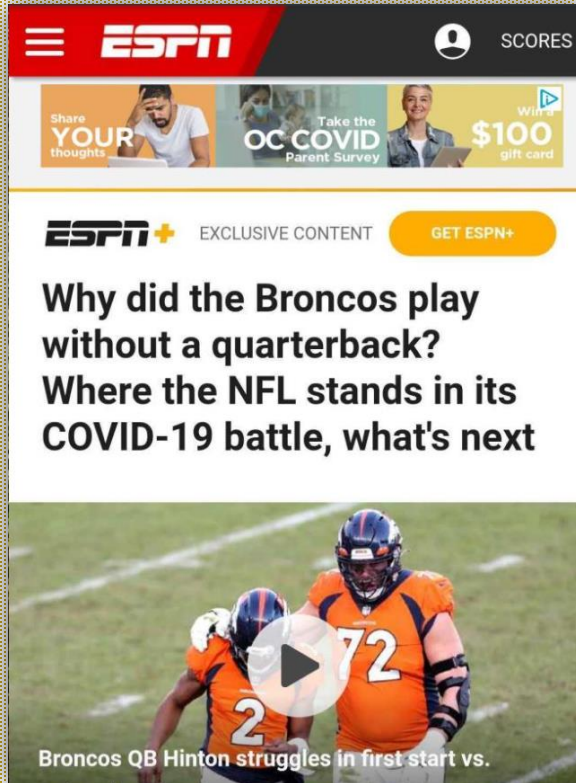


Fluent in Arabic, English, Farsi, Khmer, Korean,
Mandarin Chinese, Spanish, Vietnamese



OC COVID-19 SURVEYS: HOW?

8



Countywide digital media marketing campaign, ads on internet and social media



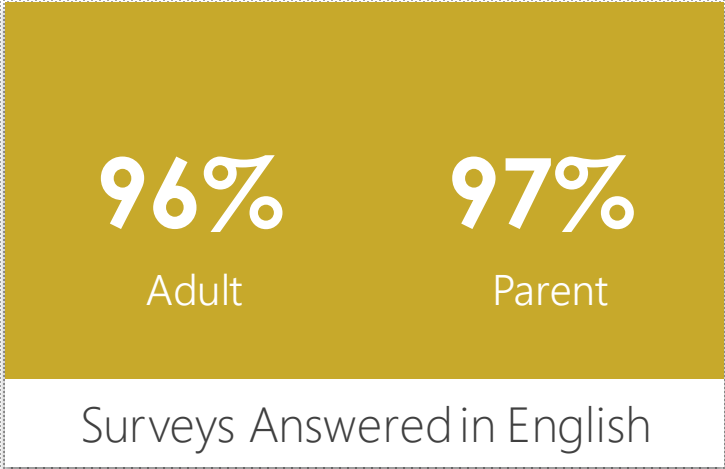
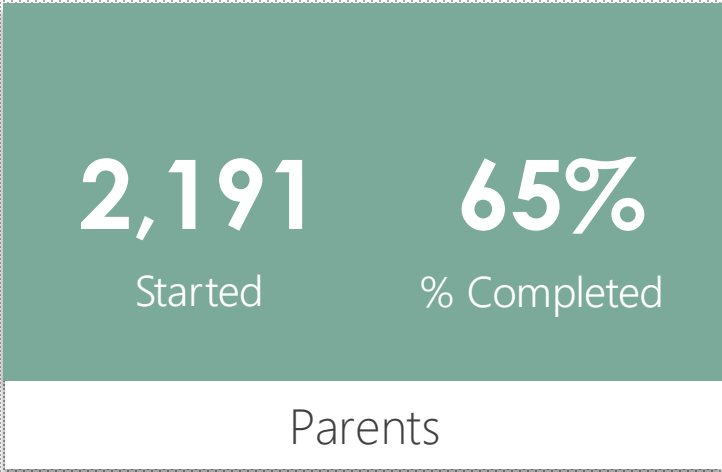
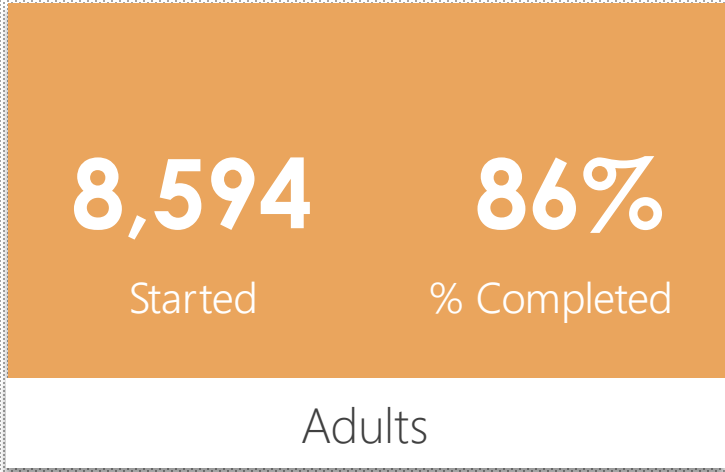
Anonymous, multiple choice, *no text/fill-in responses*

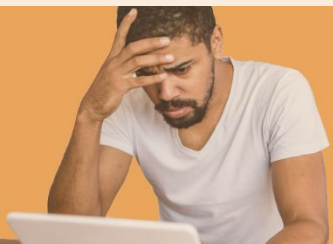


Opportunity to win \$100 Amazon gift card



RESPONSE RATES

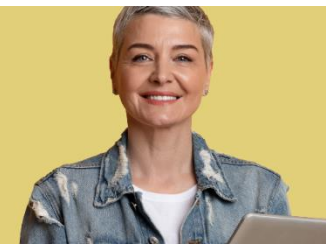




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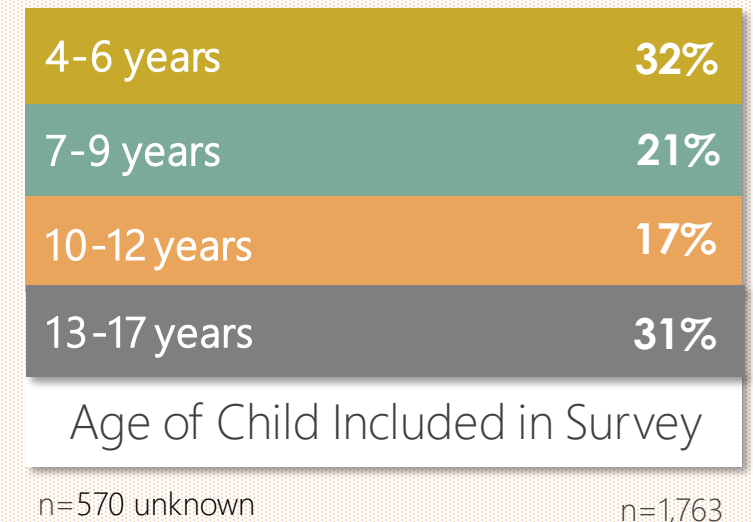
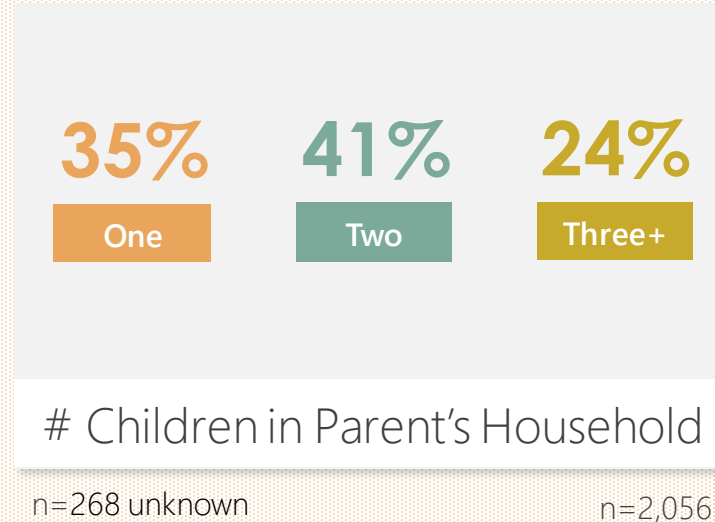
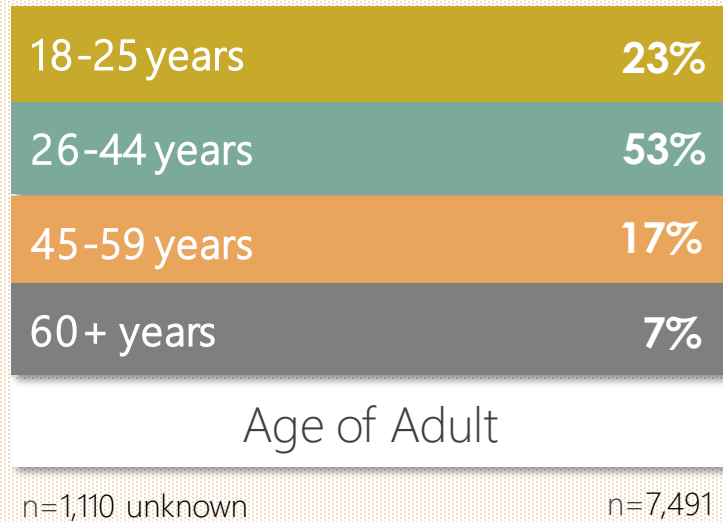
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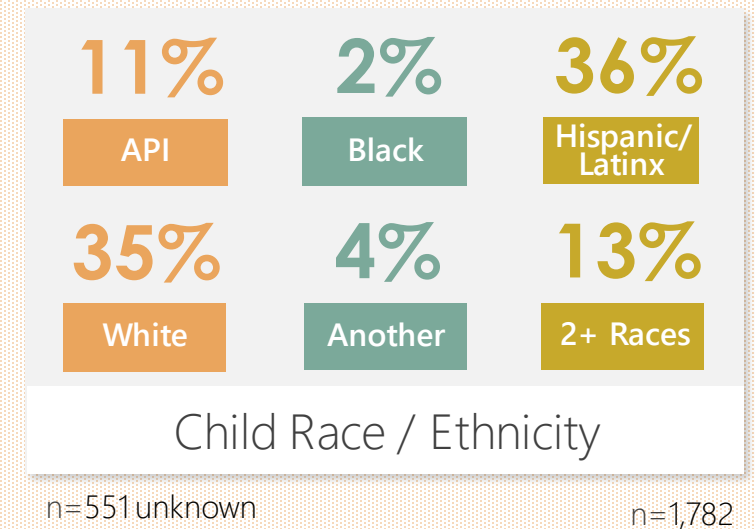
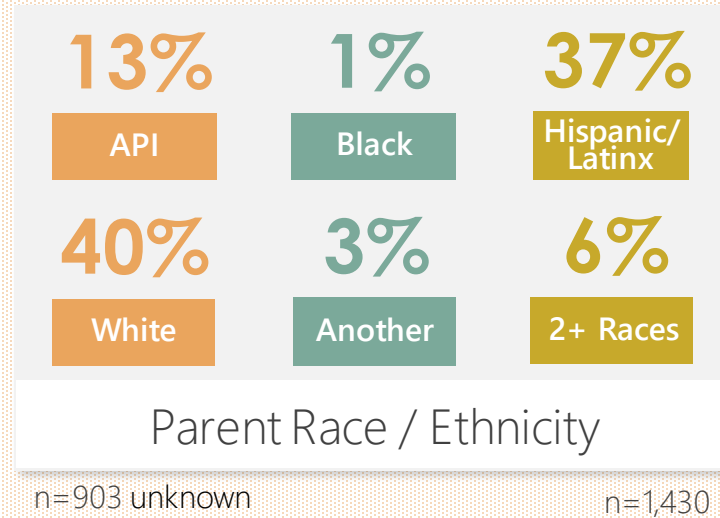
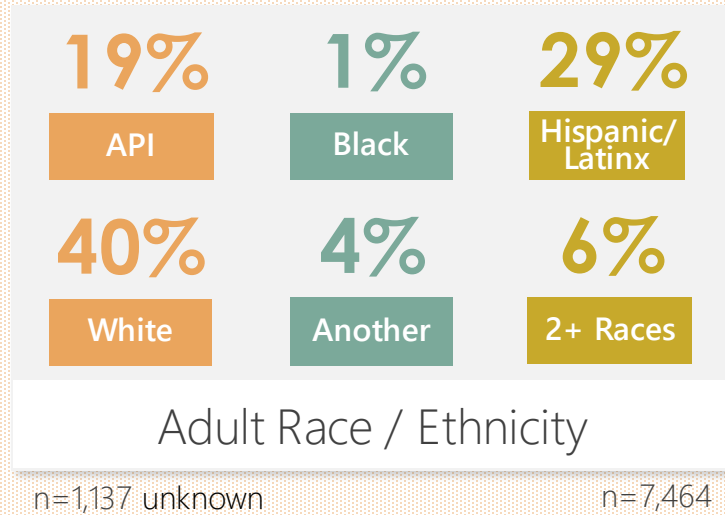
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The People

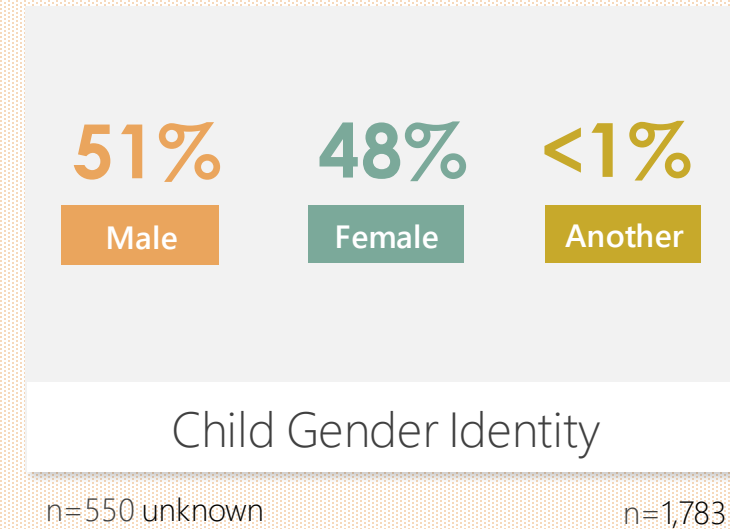
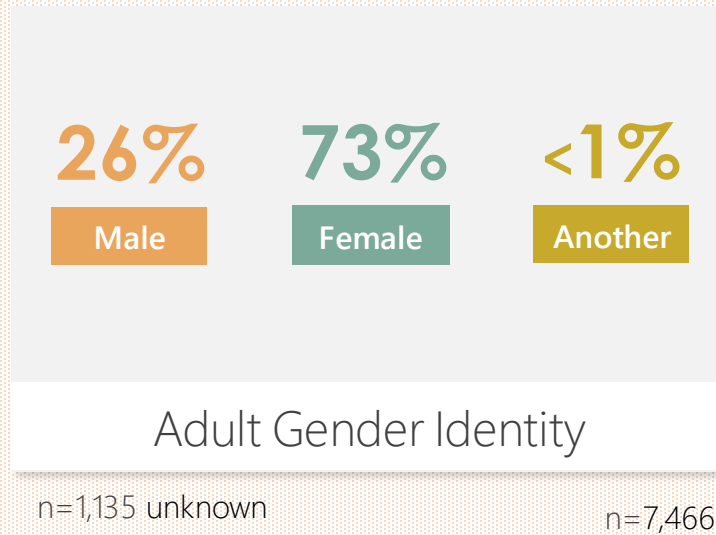
RESPONDENT CHARACTERISTICS



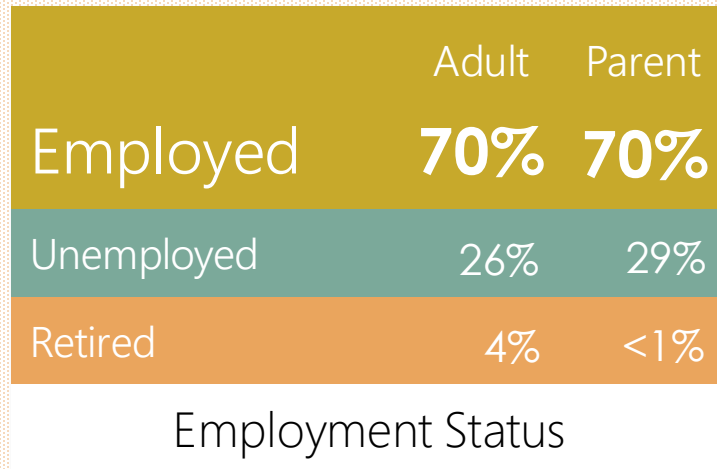
RESPONDENT CHARACTERISTICS



RESPONDENT CHARACTERISTICS

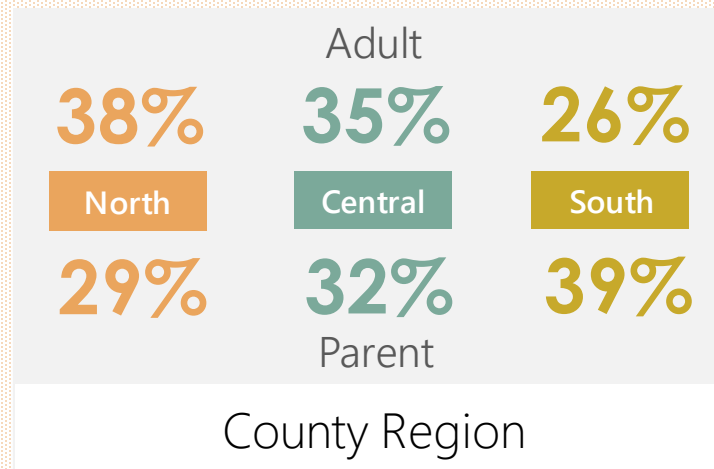


RESPONDENT CHARACTERISTICS



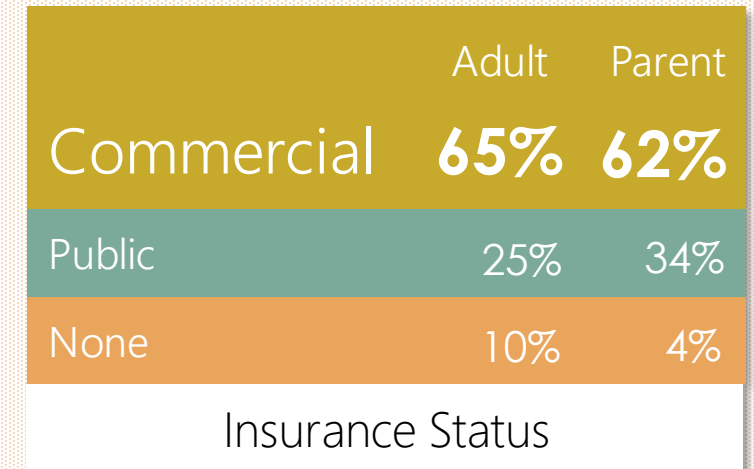
n=7,457 adults
n=1,144 unknown

n=1,425 parents
n=908 unknown



n=7,408 adults
n=1,193 unknown

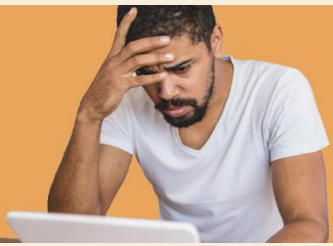
n=1,415 parents
n=918 unknown



n=7,442 adults
n=1,159 unknown

n=1,785 parents
n=548 unknown





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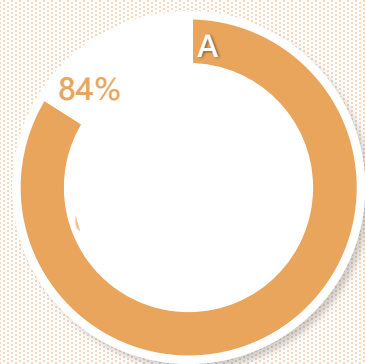


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Their Experiences

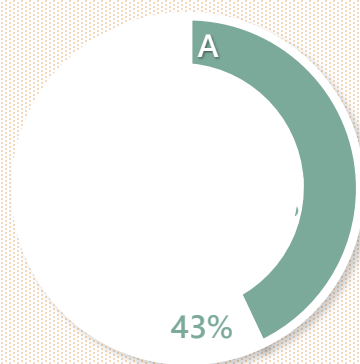
EXPERIENCES WITH COVID-19

"I (My child), or someone I (my child) know(s)..."

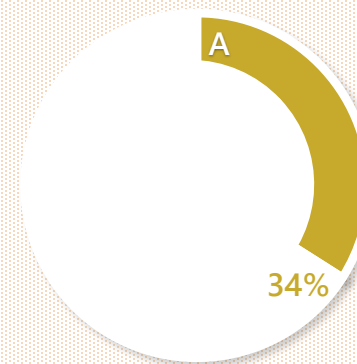


Tested Positive ^{1,7}

"I (My child) knew someone who..."

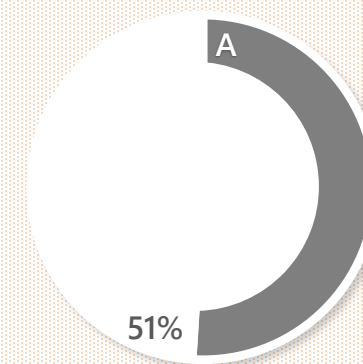


Was Hospitalized ^{1,4,6,7}



Died ^{1,3,6}

"I or, someone in my (my child's) immediate family..."



Delayed Healthcare ^{2,5,7}

A = Adults C = Children

¹ Hispanic Adults, Children > Those from other racial/ethnic backgrounds

² White Adults, Children > Those from other racial/ethnic backgrounds

³ Adults w/ Public Insurance > No or Commercial Insurance

⁴ Children w/ Public Insurance > No or Commercial Insurance

⁵ Adults in South County > Adults in North, Central County

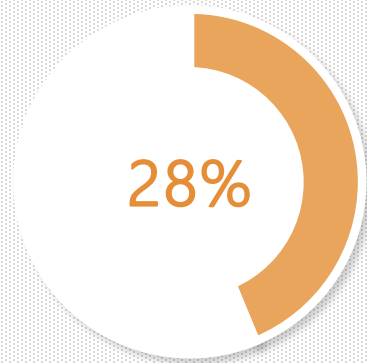
⁶ Children in North County > Children in Central, South County

⁷ Parents of 13-17 year olds > Parents of younger children



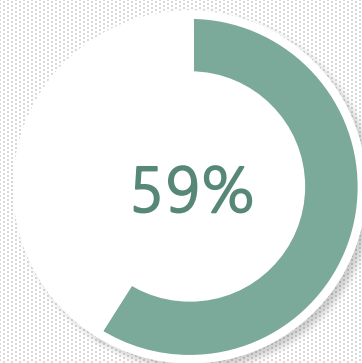
ADULTS' DISTRESS & EMOTIONAL WELL-BEING

Serious Psychological Distress
Kessler-6 (K-6)



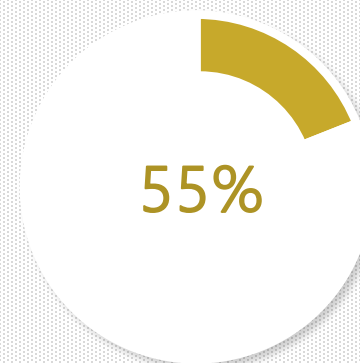
Elevated SPD

"Past 30 days, I felt..."

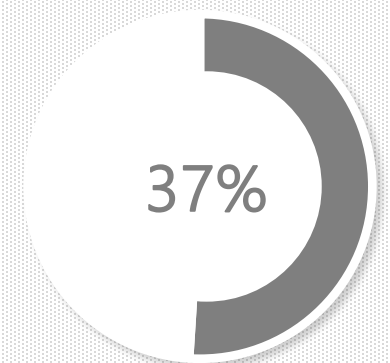


Stressed

*"To cope with COVID-19 related
stress or emotions, have you
started or increased..."*



Angry



Harmful Behaviors

Each measure converted into a dichotomous variable:

- Kessler-6 total score converted into Serious Psychological Distress (SPD) – elevated or not elevated, n = 7,324
- Stressed item rated using same scale as K-6 – high (most, all) low (none, a little, some), n = 7,461
- Angry item rated using same scale as K-6 – high (some, most, all) low (none, a little), n = 7,438
- Harmful Behaviors – started or increased use of one or more included behaviors, n = 7,533 (see next slide for details)

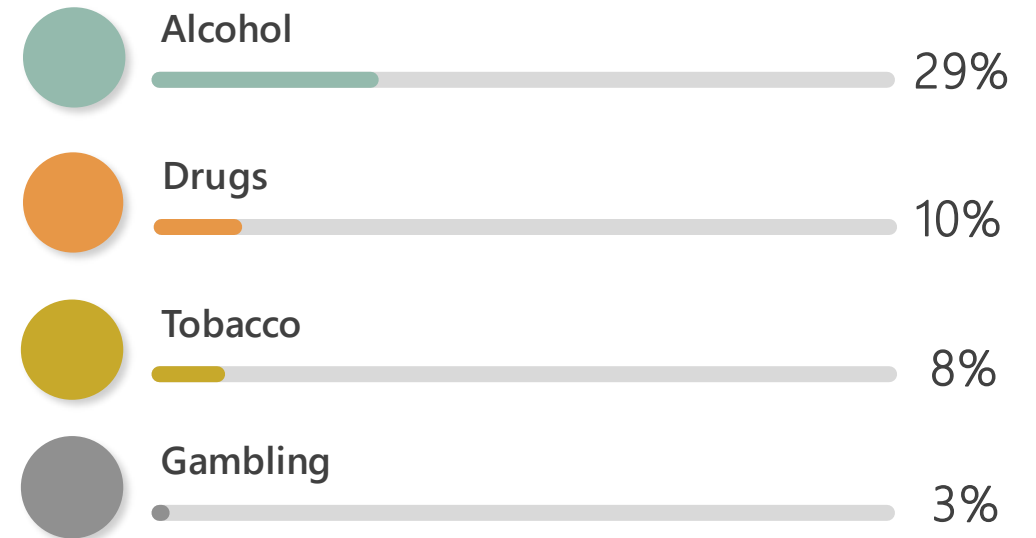
ADULTS' ONSET / INCREASE IN HARMFUL BEHAVIOR

18

One+ Harmful Behaviors

37%

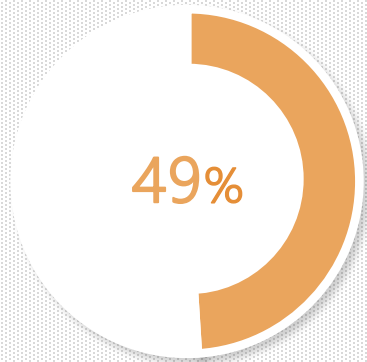
"To cope with COVID-19 related stress or emotions, have you started or increased..."



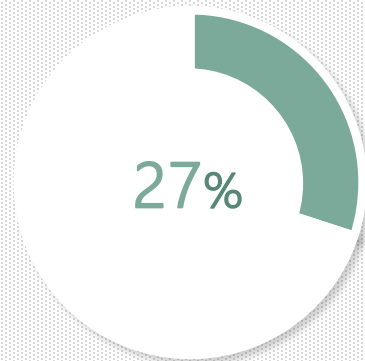
% Reporting 2 or more: 4%



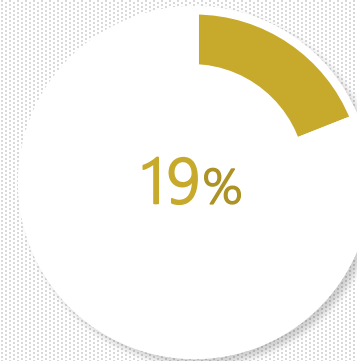
CHILDREN'S DISTRESS & EMOTIONAL WELL-BEING



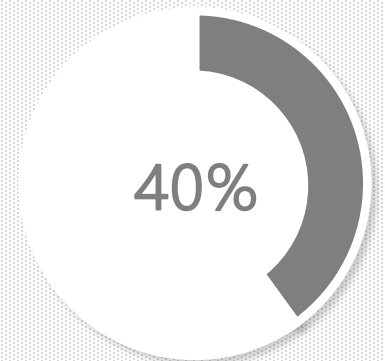
PSC-17 Internalizing



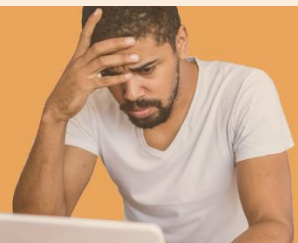
PSC-17 Inattention



PSC-17 Externalizing



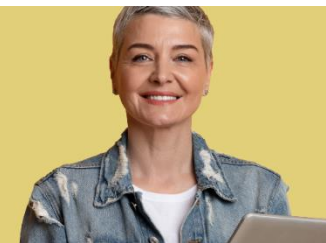
PSC-17 Overall Distress



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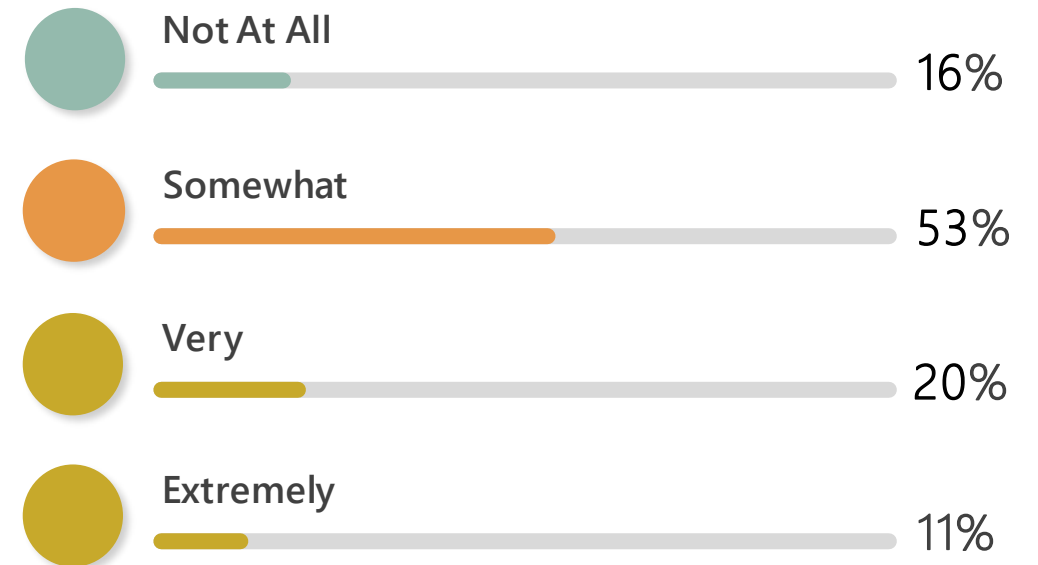
Challenges & Coping

ADULTS' COPING WITH STRESS & EMOTIONS

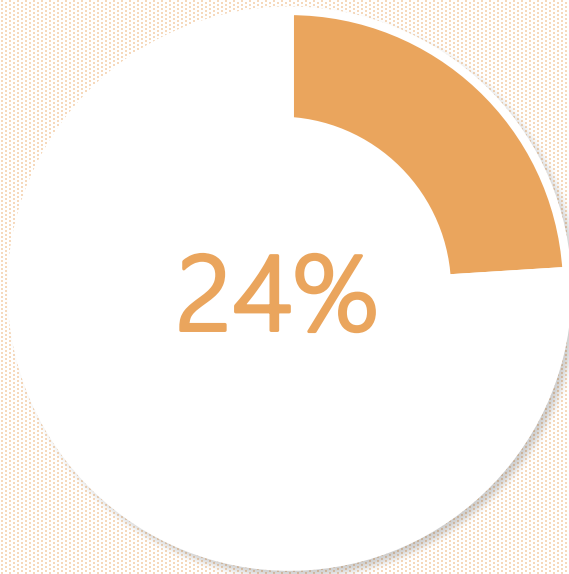
Very/Extremely
Difficult Time Coping

31%

"How difficult have these feelings made it for you to do your work, take care of things at home, or get along with other people?"



ADULTS SEEKING PROFESSIONAL HEALTHCARE



Adults experiencing elevated distress were more likely to seek professional help

% ELEVATED, BY DISTRESS INDICATOR

K6 SPD:
44%

Stress:
26%

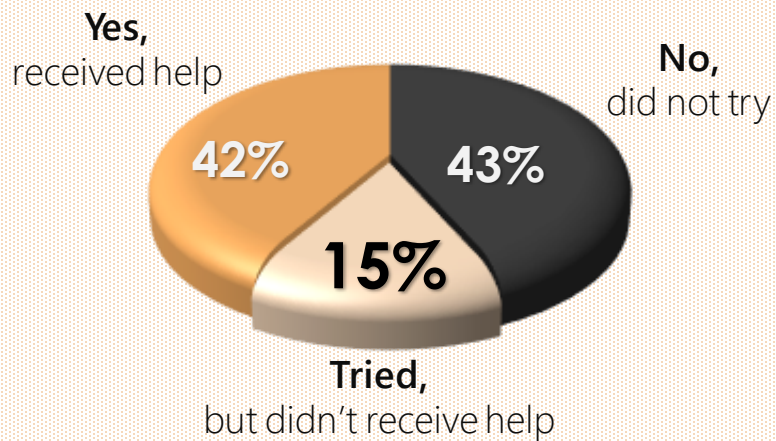
Anger:
24%

Harmful Behaviors:
47%

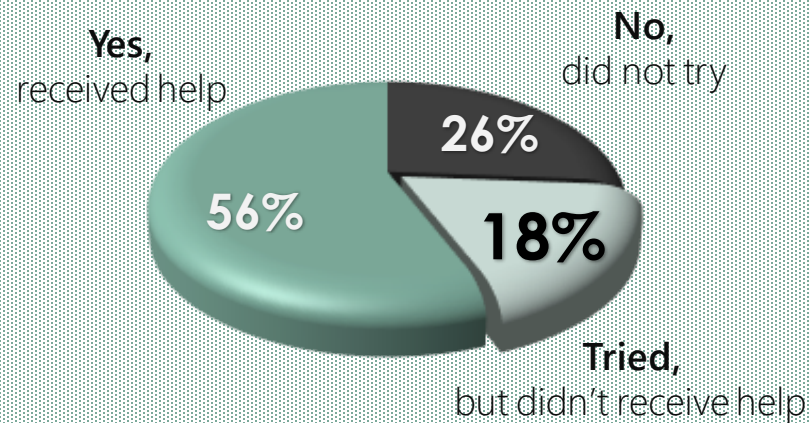
Help-seeking differed by age and insurance status, and was less influenced by gender or race/ethnicity

ADULTS SEEKING PROFESSIONAL HEALTHCARE

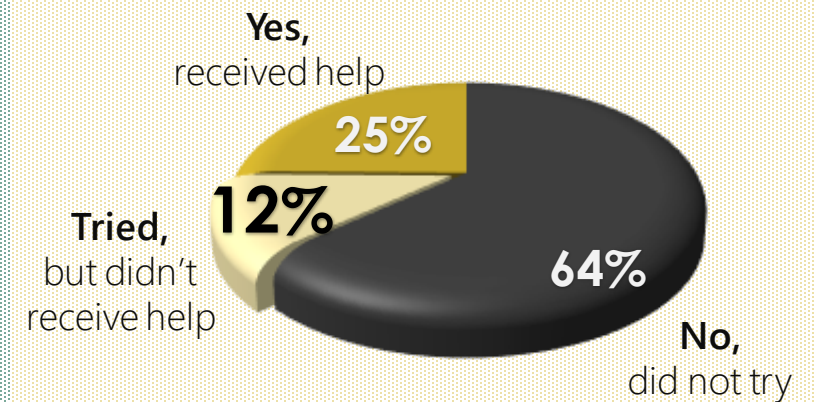
Primary Care Physician



Therapist



Psychiatrist



FAMILIES SEEKING PROFESSIONAL HEALTHCARE

"Since COVID-19 began, have you tried to get help from a healthcare professional regarding your child's stress or emotions?"



25%

Children experiencing some type of distress (or their parent) were more likely to seek professional help

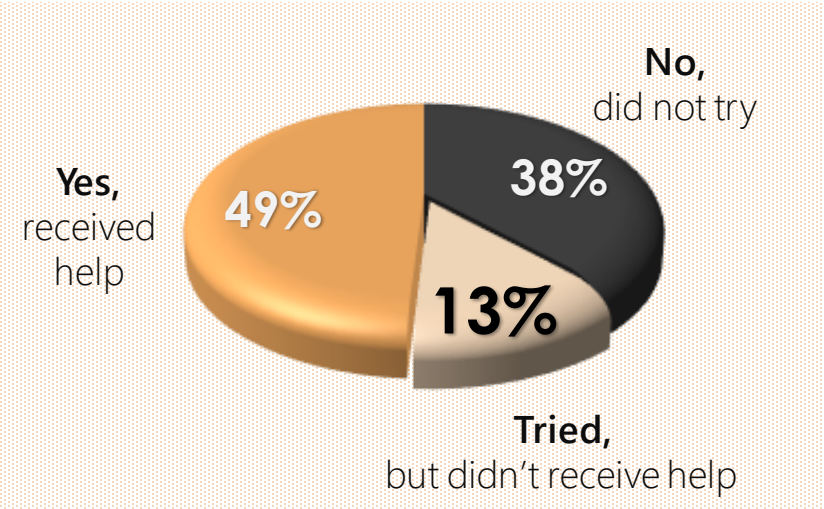
% ELEVATED, BY PSC-17 INDICATOR

Internalizing: 70%	Inattention: 39%	Externalizing: 38%	Total: 84%
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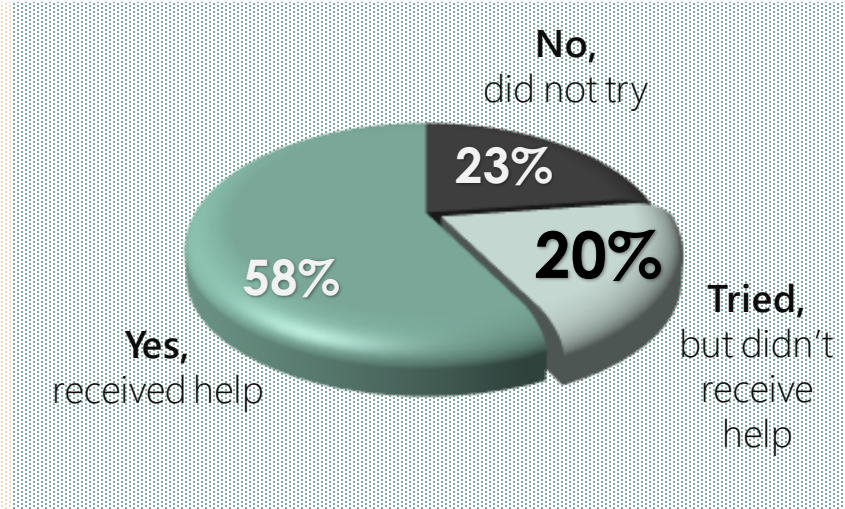
Help-seeking differed by age and insurance status, and was less influenced by gender or race/ethnicity

FAMILIES SEEKING PROFESSIONAL HEALTHCARE

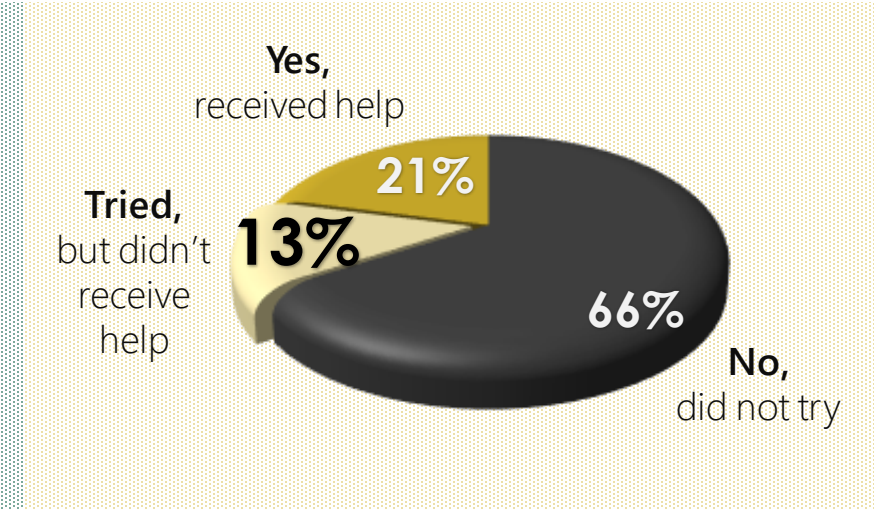
Pediatrician



Therapist



Psychiatrist



BARRIERS TO PROFESSIONAL HEALTHCARE

Faced Two or More Barriers

28%

Adults

18%

Children

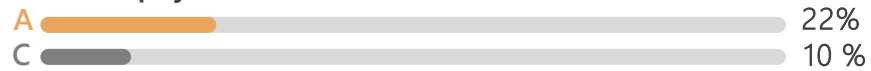
List of Potential Barriers

- Prefer face-to-face
- No childcare
- No insurance/can't afford
- Inconvenient/delayed appt times
- Don't know who to call
- People think something wrong w/ us
- No transportation
- Problems w/ accessing telehealth
- Provider doesn't speak child's language
- Other

MOST COMMON BARRIERS ENCOUNTERED



Can't pay for it / No insurance



Inconvenient or delayed appointment times



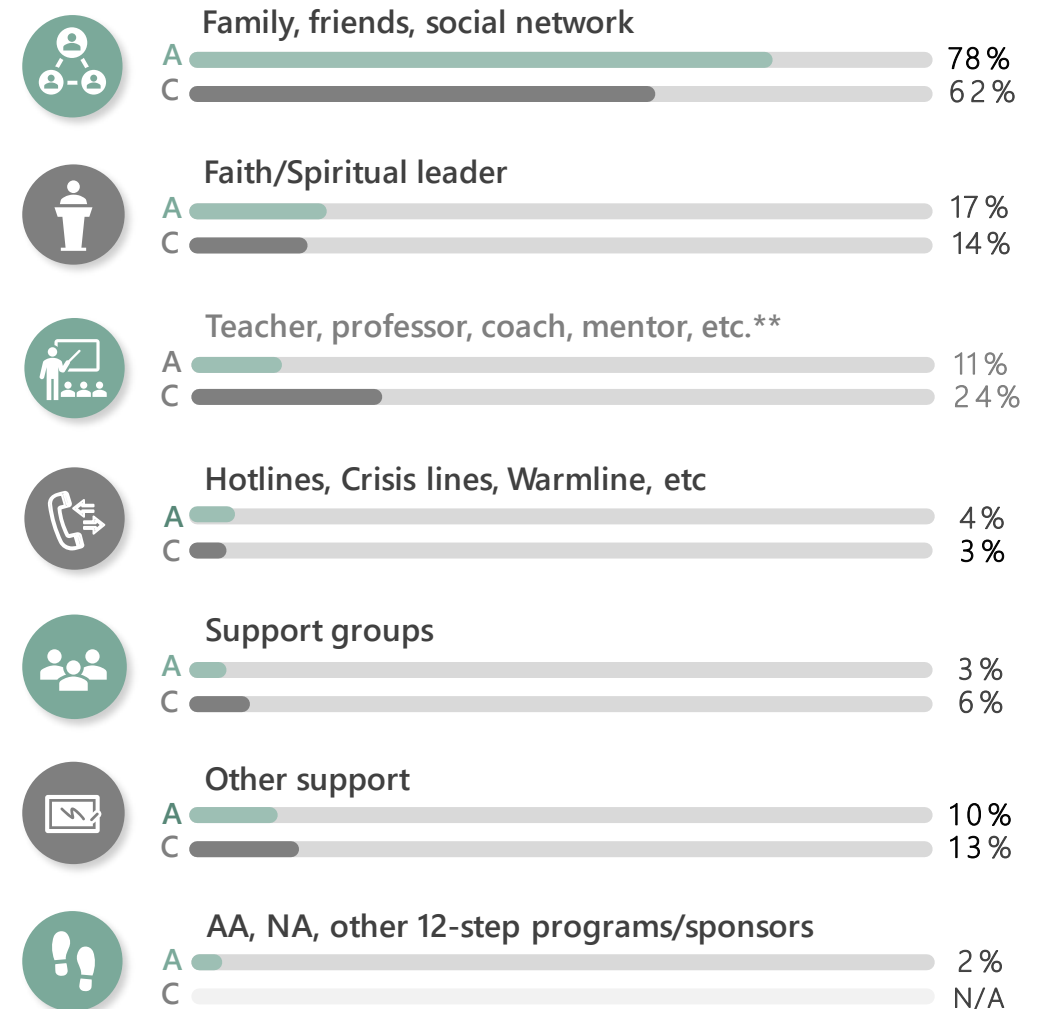
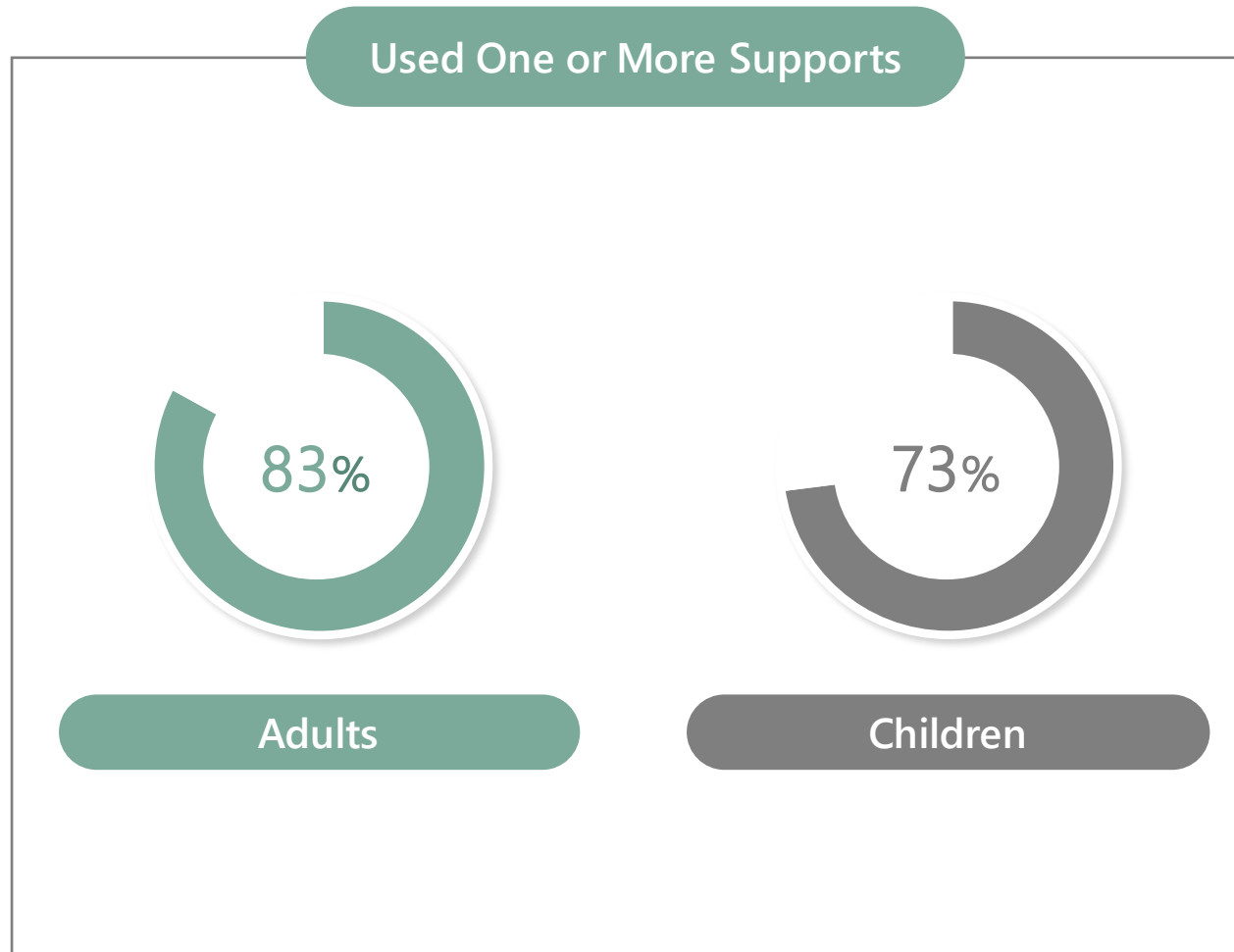
Don't know who to call

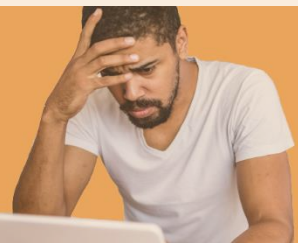


Need / Prefer face-to-face services



USE OF INFORMAL SUPPORTS DURING COVID-19

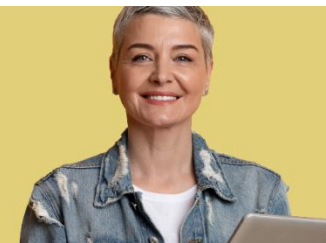




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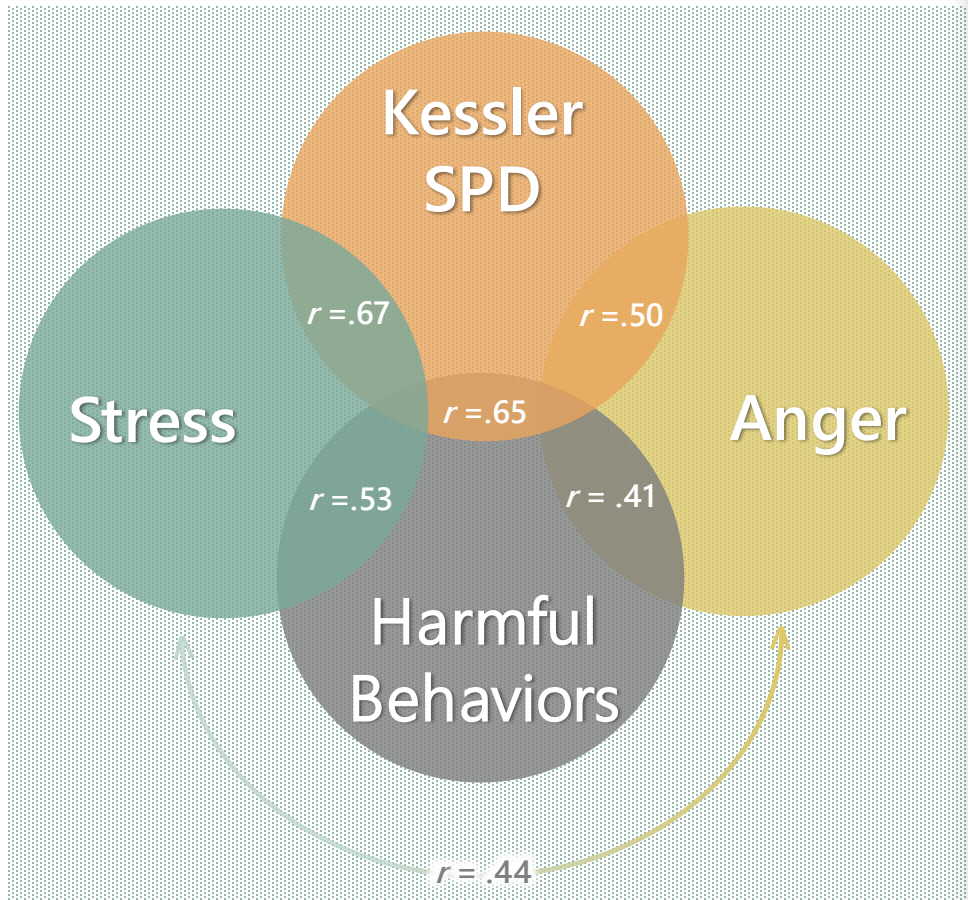


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Their “Journey”

OVERLAP BETWEEN ADULT DISTRESS INDICATORS

30



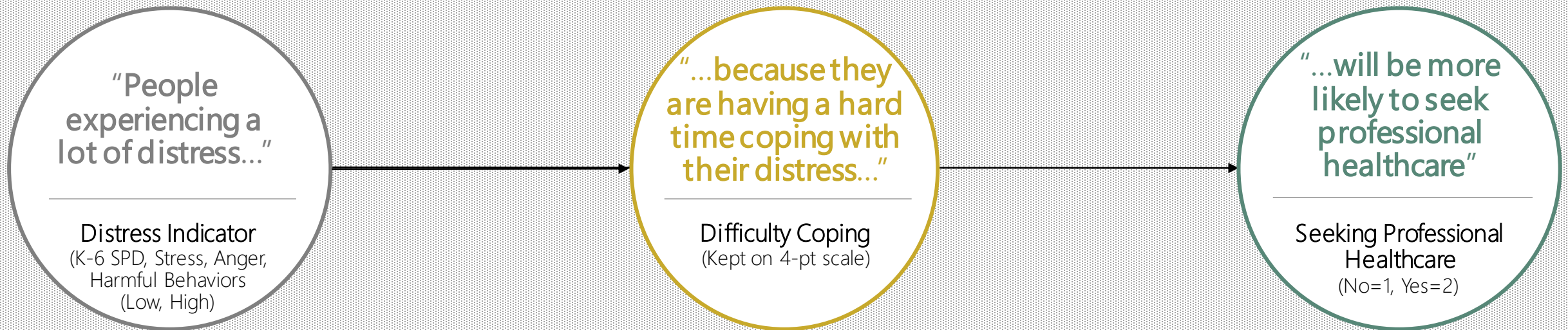
If a person scored "high" on one distress item, they were likely to score "high" on another item

The strongest relationships were between Kessler SPD and Stress, and SPD and Harmful Behaviors

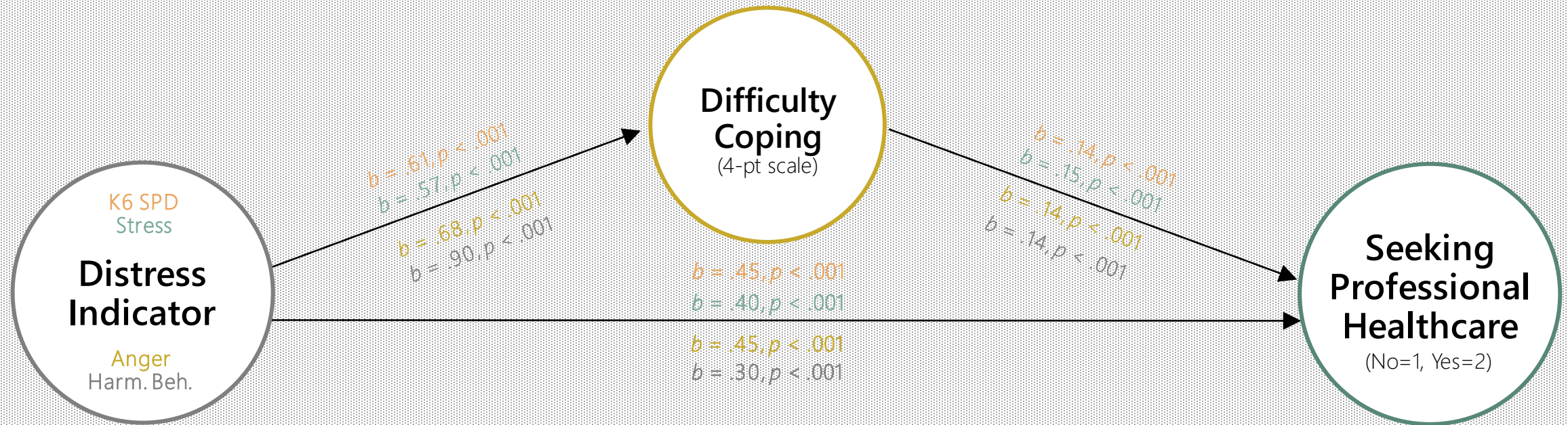
While the measures appear to be inter-related, they do not appear to be interchangeable

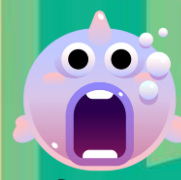


THEORETICAL MODEL



MODEL 1





Stress

DIFFICULTY
COPING



Anger

DIFFICULTY COPING

Professional Healthcare



Harmful
Behaviors

DIFFICULTY COPING

COPING

DIFFICULTY



K6 SPD



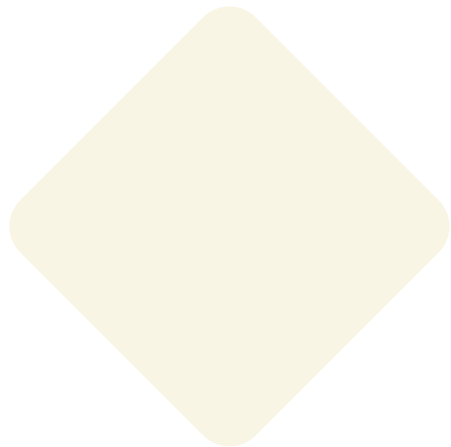
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Next Steps

NEXT STEPS



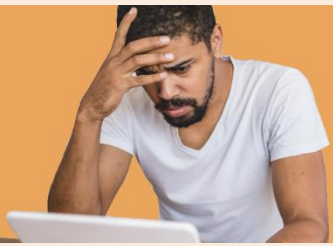
Include survey results in the MHSA Annual Plan Update

Further develop the model to include population details, including:

- Use of informal support (separate the components of the variable, include consideration of the timing in which informal support is received)
- Add socioeconomic status (based on OC At a Glance to better build upper / lower bound)

Continue to explore the following questions:

- How can we better understand the heightened rate of stress, anger, distress, barriers, and substance use?
- Can it be attributed to COVID illness, or more of the biopsychosocial and economic ramifications of the pandemic?
- Will a better understanding of external / internal sources of stress and anxiety help program development?
- What will this look like in the context of the "new normal"?



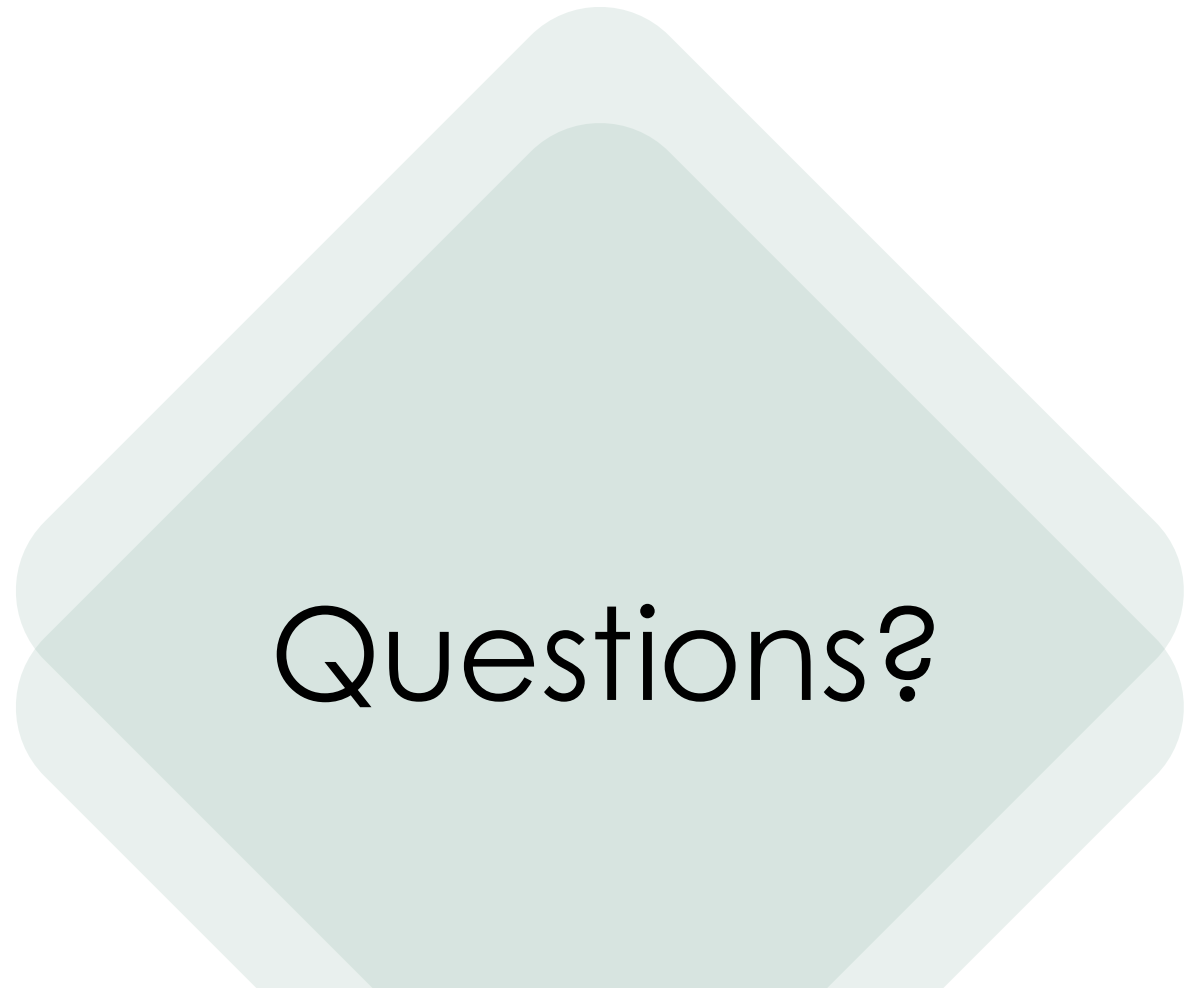
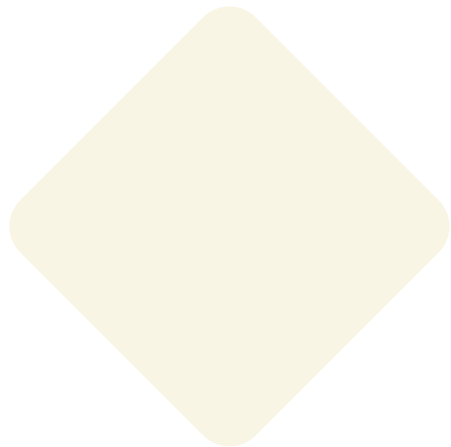
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Questions?

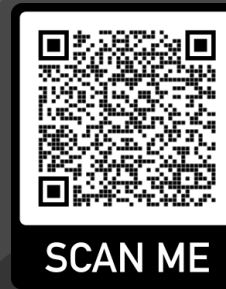


THANK YOU



SCAN ME

OC COVID-
19 Resources



SCAN ME

OC MHSA
Office



Appendix



RELATIONSHIP BETWEEN DISTRESS & SUPPORT ITEMS

Correlations (Spearman's rho)

		Kessler (K-6)	Stressed	Angry	Coping	Informal Support	Professional Help
Kessler (K-6)	Correlation Coefficient	1.000	.672**	.503**	.646**	-.099**	.239**
	Sig. (2-tailed)		0.000	0.000	0.000	0.000	0.000
	N	7611	7609	7595	7548	7465	7465
Stressed	Correlation Coefficient		1.000	.435**	.529**	-.097**	.194**
	Sig. (2-tailed)			0.000	0.000	0.000	0.000
	N		7745	7722	7681	7597	7597
Angry	Correlation Coefficient			1.000	.406**	-.046**	.110**
	Sig. (2-tailed)				0.000	0.000	0.000
	N			7724	7660	7576	7576
Coping	Correlation Coefficient				1.000	-.068**	.214**
	Sig. (2-tailed)					0.000	0.000
	N				7688	7603	7603
Informal Support	Correlation Coefficient					1.000	-.176**
	Sig. (2-tailed)						0.000
	N					7603	7603
Professional Help	Correlation Coefficient						1.000
	Sig. (2-tailed)						
	N						7603

** . Correlation is significant at the 0.01 level (2-tailed).



DIFFICULTY COPING BY DISTRESS GROUPS



<u>Kruskal Wallis ANOVA</u>	<u>df</u>	<u>H</u>	<u>η^2</u>	<u><i>p</i></u>	
K-6	1	364.35	.10	< .001	
Stress	1	334.03	.10	< .001	<i>epsilon-squared</i>
Anger	1	364.35	.10	< .001	Small effect 0.01 to < 0.08
Harmful Behaviors	1	493.38	.10	< .001	Medium effect 0.08 to < 0.26
					Large effect ≥ 0.26

*** $p < 0.001$ (2-tailed), Kruskal Wallis Non-parametric ANOVA

LIKELIHOOD OF SEEKING HEALTHCARE BY DISTRESS



Kruskal Wallis ANOVA	df	H	η^2	p	
K-6	1	224.08	.04	< .001	
Stress	1	177.60	.03	< .001	epsilon-squared
Anger	1	224.08	.04	< .001	Small effect 0.01 to < 0.08
Harmful Behaviors	1	91.00	.01	< .001	Medium effect 0.08 to < 0.26
					Large effect ≥ 0.26



*** $p < 0.001$ (2-tailed), Kruskal Wallis Non-parametric ANOVA