



Mental Health

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Current Status/Trends

The stress of a dramatic and unexpected life event such as the COVID-19 emergency can cause distress in individuals and can escalate to self-harm, neglect, and abuse. The consequences of increased psychological burden on individuals can have longer-lasting impacts, such as increased burden on behavioral health services, and reduced economic productivity. The secondary effects of stress and anxiety can exacerbate pre-existing conditions and weaken immune systems.

In Alaska, 14.8% of adults 18 years of age and older reported they experienced frequent mental distress on the 2016 Behavioral Risk Factor Surveillance System survey. In 2006, 12% of people living in Anchorage reported experiencing anxiety. Among adults served in Alaska’s public mental health system in 2015, 34.2% of those aged 18–20, 45.1% of those aged 21–64. Alaska had the 4th highest age-adjusted suicide rate in the nation in 2020 at 24.4 deaths per 100,000.ⁱ Of adolescents in Alaska in 2015, over a third reported feeling sad and helpless in the last two weeks. While this figure is also on par with the national average, it is still higher than the Healthy Alaskans 2020 goal of 23%. The suicide rate for Alaskans aged 15-24 years in 2018 of 44.2 deaths per 100,000 exceeds the Healthy Alaskans 2020 goal of 43.2 deaths per 100,000.

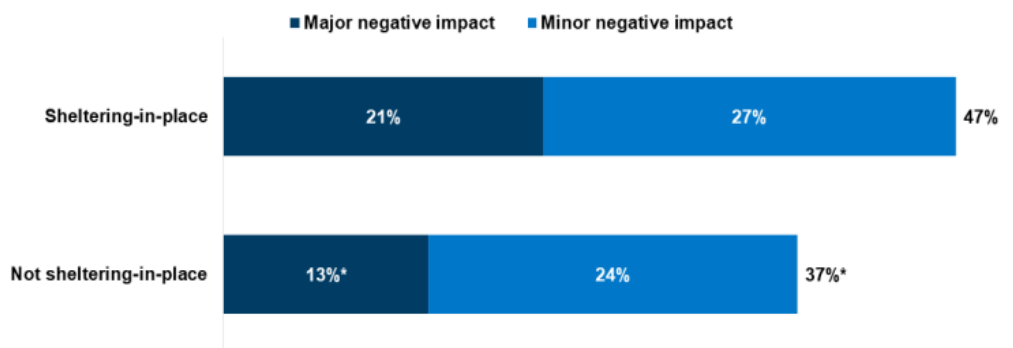
Physical distancing, quarantine, and isolation measures may impact activities that build connections within communities.

Mental health disorders are strongly related to physical inactivity, excessive drinking which are presumed elevated while people stay home.ⁱⁱ A Kaiser Family Foundation Tracking Pollⁱⁱⁱ, conducted March 25-30, 2020, found that 47% of those sheltering in place reported negative mental health effects resulting from worry or stress related to coronavirus.

Physical distancing measures have necessitated the cancellation of threshold life events such as graduations and weddings. While there is not a social pact to guarantee these ceremonies, we can only speculate on the long-term impacts of missing or postponing these threshold events,^{iv} or the stress induced by related financial insecurity. Research shows that job loss is associated with increased depression, anxiety, distress, and low self-esteem and may lead to higher rates of substance use disorder and suicide.

The sleep cycle is impacted by heightened stress and anxiety. Poor sleep is correlated with poor mental and physical health and can also impair the immune system. If children are not getting enough sleep they can have growth suppression. Maintaining a routine can assist in avoiding sleep disturbances from stress.^v

Percent of Adults Who Say Worry or Stress Related to the Coronavirus Has Had a Negative Impact on Their Mental Health, Based on Sheltering-in-Place Status



NOTES: *Indicates a statistically significant difference between those sheltering-in-place and those not sheltering-in-place at the p<0.05 level. Distribution may not sum to total due to rounding.
SOURCE: KFF Health Tracking Poll (conducted March 25-30, 2020).



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Most stress symptoms are temporary and will resolve on their own, however, for some these symptoms may last longer and influence their relationships with families and friends. Populations who are vulnerable to the mental health impacts of the current pandemic are children and teens, isolated older people, health care providers, and first responders^{vi}, people who already have a mental health condition and their caregivers, and populations who experience stigma because of age, race or ethnicity, sexuality, disability, or perceived likelihood of spreading COVID-19.^{vii} Ultimately, it's the overburdened people, those who are unable to take time off of work when sick, or those who are fearful to seek care who are likely to bear the mental health burden of this disease.

Recommendations

- **Maintain and enhance behavioral health response resources:** Refer providers to resources for transitioning practices to telehealth.^{viii,ix,x} Produce Public Service Announcements (PSAs) normalizing the experience of stress and providing information to community members on social-emotional skills and resources for managing stress such as the <https://www.nowmattersnow.org/> website or hotlines^{xi,xii,xiii} targeting those with mental health concerns. Consider training nontraditional groups to provide mental health first aid^{xiv}, helping teach the public to check in with one another and provide support. Small signs that someone cares could make a difference in the early stages of social isolation.
- Enforce anti-discrimination laws and prosecute violators. Engender in the public a sense of safety and control. Community preparedness **planning should include representatives of vulnerable populations** such as the elderly, and mental health caregivers, so their needs and concerns are addressed.
- **Encourage responsible community connection** by advertising community events that do not require in-person participation, and celebrate grassroots community initiatives^{xv} (e.g., the community of cloth mask makers). Encourage places of worship, or gyms, and yoga studios, to conduct online activities on a schedule similar to what was in place prior to social distancing so the community can maintain a semblance of previous routines. Produce PSAs highlighting community groups with notable compliance to public health recommendations.
- **Monitor and support community technology needs**, as modern technology is a major help with social/socialization needs. Prioritize the support of Anchorage School District student technology needs for positive social interaction as well as distance education. Recognize and incentivize telecommunication and internet provider companies that are generous with services to the community.

Recommended Indicators/Metrics for Monitoring

- Number of mental health service providers providing telehealth care options
- Percentage of ASD students (by grades) logging into distance education platforms
- Percentage of un- and under-employed workers

Applications of Recommended Indicators/Metrics

- Develop outreach and communication strategies to benefit at-risk populations
- Anticipate and mitigate secondary impacts of mental health service demand

Additional Support Available from UAA, if Requested

- Conduct primary data collection of mental health service providers on work load and workforce needs
- Disseminate basic mental health screening instrument to populations of concern (e.g. health workers)

- i Centers for Disease Control and Prevention. Stats of the State - Suicide Mortality. <https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm> (2018)
- ii Learn About Mental Health - Mental Health - CDC. <https://www.cdc.gov/mentalhealth/learn/> (2018)
- iii The Implications of COVID-19 for Mental Health and Substance Use. The Henry J. Kaiser Family Foundation <https://www.kff.org/health-reform/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/> (2020)
- iv Timsit, A. Covid-19 is making people cancel their most important life events. Quartz (2020)
- v National Sleep Foundation. Sleep Guidelines and Help During the COVID-19 Pandemic. <https://www.sleepfoundation.org/sleep-guidelines-covid-19-isolation>
- vi Brooks, M. COVID-19: A 'Marathon, Not a Sprint' for Psychiatry. (2020).
- vii Coronavirus threat escalates fears – and bigotry. <https://www.apa.org/news/apa/2020/02/coronavirus-threat>
- viii COVID-19 and psychology services: How to protect your patients and your practice. https://www.apaservices.org/practice/news/covid19-psychology-services-protection?_ga=2.259974410.1624273875.1587689238-1427261015.1587689238
- ix Practice Guidance for COVID-19. <https://www.psychiatry.org/psychiatrists/covid-19-coronavirus/practice-guidance-for-covid-19>
- x Telehealth guidance by state during COVID-19. <https://www.apaservices.org/practice/clinic/covid-19-telehealth-state-summary>
- xi Disaster Distress Helpline Toll-Free: 1-800-985-5990 (English and español) SMS: Text TalkWithUs to 66746 <https://www.disasterdistress.samhsa.gov>
- xii National Helpline Toll-Free: 1-800-662-HELP (24/7/365 Treatment Referral Information Service in English and Español) <https://www.samhsa.gov/find-help/nationalhelpline>
- xiii National Suicide Prevention Lifeline Toll-Free: 1-800-273-TALK (1-800-273-8255) <https://www.suicidepreventionlifeline.org>
- xiv The Alaska Training Cooperative | The Center for Human Development | University of Alaska Anchorage. <https://www.uaa.alaska.edu/academics/college-of-health/departments/center-for-human-development/alaska-training-cooperative>
- xv Holt-Lunstad, J., Robles, T. F. & Sbarra, D. A. Advancing social connection as a public health priority in the United States. Am. Psychol. 72, 517–530 (2017)