

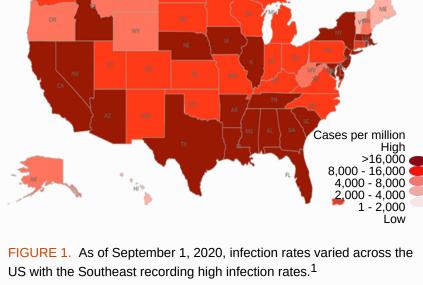
# **Differential Impact of COVID-19 on Mental Health** This infographic is intended to help mental health providers 1) understand the differential impact of

COVID-19 on mental health, 2) identify high-risk subgroups, and 3) present suggestions for targeted efforts. **Key Points** 

## **COVID-19 Infections Across the US**

# Across the United States, COVID-19 has not impacted

states, or individuals, in an uniform way. This differential impact has varied from state to state, county to county, neighborhood to neighborhood.



- Different subgroups have been differentially impacted by the COVID-19 pandemic. Disasters are often
- accompanied by increased psychological distress; however, the nature of the COVID-19 pandemic has reduced opportunities for support and access to care. Tailored interventions are
- needed that vary across high risk subgroups and that recognize individuals may belong to multiple subgroups at once. COVID-19 Infections Across the Southeast

## for many of the same reasons it has faced other challenges:

High proportion of racial/ethnic minorities and health disparities

25

psychological distress.

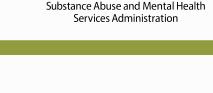
disasters:

The Southeast region has been hit particularly hard in terms of cases, hospitalizations, and deaths

- Relatively weak health and public health infrastructure

Less aggressive state policies to control spread

This work is supported by grant SM081774 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.



#### increases in psychological distress including depression, anxiety, post traumatic stress disorder

**Disasters and Mental Health** 

Research suggests disasters are accompanied by

and substance use disorders. The increased stress resulting from a disaster is justifiable; however, majority of those impacted do not develop clinical disorders. Disasters typically impact some populations more than others. Risk factors, prominently seen in the

 Low socio-economic status Racial/ethnic groups Lack of social support

Direct exposure to the event

Southeast region, include:

54

47

## 15 10 Depression Substance Use Suicidal Ideation ■ Northeast ■ Midwest ■ South ■ West

Percentage of adults reporting adverse

mental health outcome

**Challenges Unique to COVID-19** 

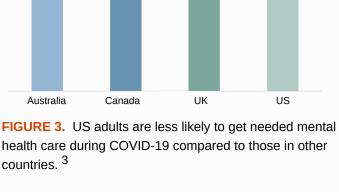
The COVID-19 pandemic is different from other

FIGURE 2. Southeastern states are seeing increased rates of

### 32 31

Percentage of those accessing professional

help when needed



# limited to one specific location making it difficult

for others to assist the affected areas. Requires a need for physical distancing and

Widespread in the US and globally rather than

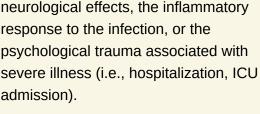
reduces the opportunities for social support. Disruptions in accessing physical and mental heath care and services. Accompanied by an economic impact which

creates a host of secondary problems (i.e.,

unemployment, loss of insurance, financial stress). These additional challenges make it difficult to access care at a time it may be needed most.

**High Risk Subgroups** 

### Populations with COVID infections: Acute COVID-19 can lead to psychiatric



Americans and Hispanics have disproportionately high rates of

limited access to care,

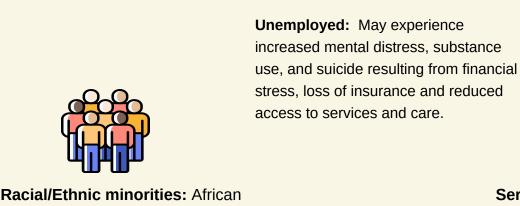
with high exposure rates (i.e., essential workers)

COVID-19 due to socio-economic

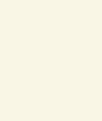
factors, chronic medical conditions,

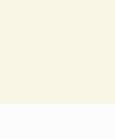
and employment in jobs associated

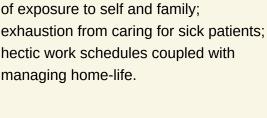
symptoms, perhaps as a result of direct



Unpaid caregivers: Likely at elevated risk for mental health distress due to stress of managing work, family responsibilities, children, and homeschooling. **Pre-existing Mental Health Disorders:** These individuals may be at increased risk for experiencing symptoms or relapse.







Front line providers: Healthcare

public health practitioners may

experience anxiety, depression,

workers, mental health providers, and

insomnia, and burnout related to worry

Serious Mental Illness: May experience disruptions in employment; lack of private insurance; treated in public mental health safety net setting; and may reside in institutionalized settings at elevated risk of COVID outbreaks, including state hospitals, homeless shelters, and nursing homes.





Socially isolated: Quarantine can lead to anxiety, confusion, and anger. The

elderly and those living alone prior to the pandemic may be at particular risk.



## Develop targeted efforts to provide support support and a sense of community. Address underlying social factors.

Recognize high-risk subgroups are under different type of stress with many

• Strengthen relationships between public health and mental health agencies.

Increase access to higher quality data about communities and individuals served.

**Addressing Psychological Distress** 

Mental health providers and public health practitioners continue their efforts to address

Provide care and services for those who develop a disorder requiring medication or

Amend organizational priorities. Create greater awareness of public mental health issues among the general public.

individuals belonging to multiple subgroups at once.

the consequences of the pandemic.

psychotherapy.

Conduct ongoing mental health surveillance.

Support cross-knowledge and training for staff.

- Re-evaluate old ways of thinking. Retool mental health systems and best practices to avoid a one size fits all approach. • Support resilience building for individuals, communities, and providers.

- REFERENCES

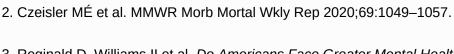


1. https://coronavirus.1point3acres.com/en









3. Reginald D. Williams II et al. Do Americans Face Greater Mental Health and Economic Consequences from COVID-19? Comparing the US With Other High-Income Countries (The Commonwealth Fund, August 2020.)



