SURVIVING THE PANDEMIC:
YOUR MENTAL HEALTH AND WELL-BEING
LACDMH OVERVIEW

I. Calendar Year 2020: where we are and where have we been
II. Factors affecting our mental state during the COVID-19 pandemic
III. The impact of culture
IV. Psychology of pandemics: cultural differences
V. Lessons learned from public messaging
VI. Management issues and strategies
VII. LACDMH resources
I. CALENDAR YEAR 2020: WHERE WE ARE AND WHERE WE HAVE BEEN

• New year resolutions

• New decade resolutions, goals and dreams

• 2020 new rolls out

• On March 11, 2020, the World Heath Organizations declares the COVID-19 pandemic
  o At that time, 118,000 cases across more than 110 countries

• Six months later
  o The pandemic continues
  o Civil unrest
  o Significant underemployment

Daily new cases in the United States

Source: https://covid19.biglocalnews.org/county-maps
FACTORS AFFECTING OUR MENTAL STATE DURING THE COVID-19 PANDEMIC

- Concerted efforts for survival and wellbeing
- Psychological stress (mental, physical and emotional)
- Fear and anxiety related to COVID-19
- Grief and loss (human lives, daily routine, life-styles, interpersonal contact, “our normals”)
- Home environment- living together while quarantined
- Working from home
- Schooling children and on-line study challenges
- Needs of children, teens, aging parents, pets
- Unemployment
- Stigmatizing experiences
- Knowing that the pandemic will continue to impact our way of living far beyond this time
FACTORS AFFECTING OUR MENTAL STATE DURING THE COVID-19 PANDEMIC

- Well-being is a state of positive mental health where the individual is able to handle emotions and all life activities.
- Vulnerable cultural groups: older adults, persons with disabilities, persons experiencing homelessness and imprisonment, migrants, refugees, asylum seekers, persons experiencing mental health conditions, families facing poverty and unemployment, communities impacted by the social determinants of health, racial/ethnic communities.
- Exposure to information: instantly viral and information explosion. Opinion-based and inaccurate information creates confusion, uncertainty, and fear.
- Infection prevention measures: quarantine, and lockdowns, day-to-day activities have changed, economic losses, isolation and loneliness.

FACTORS AFFECTING OUR MENTAL STATE DURING THE COVID-19 PANDEMIC

- Lack of education resulting in fear of unknown, unfamiliar, and unexpected
- Fear of infection
- Sudden change in the routine activity
- Frustration and boredom
- Restriction of movement with a fear of being trapped and helplessness
- Reduced interpersonal or emotional support causing boredom, frustration, and loneliness
- Separation from loved ones
- Economic problems and shortage of household commodities and medicines

FACTORS AFFECTING OUR MENTAL STATE DURING THE COVID-19 PANDEMIC

Individual, familial, communal and societal impact

• Psychological reactions: depression, anxiety, fear and guilt of infecting family members, worry, fear, anger, annoyance, frustration, guilt, hopelessness, loneliness, and nervousness

• Exacerbation of existing physical and mental health conditions
  o Sedentary behaviors, weight gain, loss of cardiorespiratory fitness

• Social disapproval

• Isolation and loneliness
  o Sense of loss of purpose in life and connectedness

• Substance use

• Interpersonal conflict, rates of divorce, and domestic violence (physical, child and sexual abuse)

• Suicidal behaviors (thinking, attempts and completion)

III. THE IMPACT OF CULTURE: ELEMENTS OF CULTURE

- Age
- Country of origin, degree of acculturation, generation
- Educational level obtained
- Family and household composition
- Gender identity; sexual orientation
- Health practices including use of traditional healer techniques
- Linguistic characteristics - language(s) spoken, written, or signed
- Perceptions of health and well-being and related practices
- Perceptions/beliefs regarding diet and nutrition
- Physical ability or limitations; cognitive ability or limitations
- Political beliefs
- Racial and ethnic groups
- Religious and spiritual characteristics
- Socio-economic status, etc.

Source: National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice, April 2013
THE IMPACT OF CULTURE

Culture influences

- How health care information is received;
- How rights and protections are exercised;
- What is considered to be a health problem;
- How symptoms and concerns about the problem are expressed;
- Who should provide treatment for the problem; and
- What type of treatment should be given

Source: National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice, April 2013
IV. PSYCHOLOGY OF PANDEMICS: CULTURAL DIFFERENCES

- Cultural orientation can impact individuals' appraisals of stressors, and choices of coping strategies
- Individualistic and collectivistic cultures
- Individualistic orientation tend to form an independent (vs. interdependent) approach focusing on “primary control strategies” – head on problem solving
- Collectivistic cultures go beyond considerations and follow “secondary control strategies” – accommodating and reappraising)
PSYCHOLOGY OF PANDEMICS:
CULTURAL DIFFERENCES

• Cultural differences also impact political leaders’ approaches:
  o Collective orientation weigh in “national benefits over individual benefits”
  o Individualistic orientation seeks to reach a balance

• Conservative and flexible cultural orientations
  o More conservative cultures allows little room for individual liberty and apply greater pressure on the public
  o More flexible cultures provide members more room for personal discretion

• Polyculture perspective: intersectionality of multiple cultural identities

V. LESSONS LEARNED FROM PUBLIC MESSAGING: CONTENT ANGLE

- Experts—including health and nutrition professionals—tend to prefer negative messages: ("Candy will make you fat")
- Experts prefer fear-inducing or loss-related messages
- The general public tends to respond best to positive messages: ("Fruit will make you slim")
- The public follows positive, gain-related messages
LESSONS LEARNED FROM PUBLIC MESSAGING: CONTENT ANGLE

• Negative, fear-inducing or loss-related messages tended to work best with persons who
  o are highly involved with the issue
  o highly knowledgeable about the issue
  o have a low preference for risk, and focus on a given piece of the information when processing messages (vs. holistic or the “big picture”)

LESSONS LEARNED FROM PUBLIC MESSAGING: REASONS FOR LACK OF COMPLIANCE

- Quality and credibility of information
- Implicit bias
  - Perceptions of professionals and trustworthiness of their message
  - Perception of risk and individual precautions
  - Worldview
- Overstimulation and stress of information flooding
- Alert fatigue
- Experiences with misinformation and disinformation
  - Contradictory information
  - Underestimating/downplaying information
  - Fraudulent activity
LESSONS LEARNED FROM PUBLIC MESSAGING:
REASONS FOR LACK OF COMPLIANCE

• Reactance: a concept pioneered by Jack Brehm in 1966. It refers to the idea that when individual freedoms are “reduced or threatened with reduction,” persons tend to be “motivationally aroused to regain” those freedoms.

• Capitalist conspiracy or pre-apocalyptic conspiracy.

• Information delivery for different cultural groups.

• Messages are not addressing anxiety, distress and uncertainty being experienced by the public to have the will and capacity to follow relevant guidance by public health authorities.

• Demoralization.
LESSONS LEARNED FROM PUBLIC MESSAGING: REASONS FOR LACK OF COMPLIANCE

• A plethora of misinformation about the disease and the statistics, circulating over social media, has created mass misconceptions, anxiety and stigma, leading to ignoring precautionary directives, discrimination, and marginalization.

• Distancing prevents the spread of the disease. Distancing from misinformation and disinformation prevents the spread of falsehoods.

• “Knowledge is important, but not sufficient to create change… To create action, we need to engage people…. Ultimately, the message should reflect the voice of the audience.”

• The phenomenon of Misinfodemics - i.e., the spread of a particular health condition or illness, facilitated by viral misinformation - is widely observable in the public’s reactions.
LESSONS LEARNED FROM PUBLIC MESSAGING: REASONS FOR LACK OF COMPLIANCE

• Communication strategies and delivery of messaging content, relevance, format, cultural and linguistic competence,
  o Be inclusive of sign language
  o Other forms of communication – print, landlines, television, radio, etc.

• Frequency of information

• Audience characteristics: “monitors and blunders”, age, risk level, communication style, reading level, and communication needs, etc.
  o Monitors gather as much information as possible
  o Blurers tune out information to reduce anxiety

Sources:
Viera, C., et al.
REFLECTIVE GROUP EXERCISE
COPING WITH THE PANDEMIC AND CIVIL UNREST

• Reflection
  o What has been the most challenging part at home?
  o What has been the most difficult at work?
  o What has helped you to be healthy and to feel grounded?
  o Who has been is/are the key person(s) for your wellbeing?
  o What did they say or do that made a difference for you?
  o When could you perceive it and appreciate it the most?
  o How was it done?

• Video clip by Brené Brown
MANAGEMENT:
CONCERNS THAT STAFF MAY BRING UP

- Burn out
- Disaster Service Workers assignments
- Fear of contamination and infection
- Fear of returning to the office
- Fear of unemployment
- Stigmatization of workers who face the public
- Blaming and Prejudice: communities that have been stigmatized and scapegoated
- Challenges of schooling children at home
- Technology issues, etc.
MANAGEMENT:
EXAMPLES OF STAFF CONCERNS RELATED TO COVID-19

- Ability to ensure service-user safety - 40%
- Childcare arrangements - 15%
- Family’s safety - 53%
- Finances and financial security - 24%
- Housing security - 7%
- Job satisfaction - 4%
- Job security - 14%
- Mental health - 54%
- Physical health - 36%
- Unpaid care - 14%
How would you rate your overall mental health and wellbeing right now?

- Very good - 4%
- Good - 16%
- Neither good nor bad - 50%
- Bad - 24%
- Very bad - 6%
MANAGEMENT: EXAMPLES OF STAFF CONCERNS RELATED TO COVID-19

Areas of support needed as identified by staff

- Psychological support - 56%
- Training - 42%
- Medical staff - 34%
- Funding - 27%
- Better shift structure (work hours) - 33%
- Better commuting options - 21%

MANAGEMENT STRATEGIES

• Provide a sense of presence (yours and the team’s)
• Provide structure
• Address concerns related to fear of exposure and promote protective actions, emphasizing organization’s precautions to ensure safety and address concerns
• Communicate what steps are being done to mitigate risk
• Share trusted information and resources on protective healthy behaviors and risk of severe illness
• Openly discuss staff concerns (i.e., economic hardships, child abuse, suicide, stigma, etc.)
• Emphasize and promote self-care

MANAGEMENT STRATEGIES TO PROMOTE CALM

• Adjust communication approaches to the current stress level
• Provide comfort and resources to the bereaved
• Acknowledge trauma and loss
• Provide options for different coping needs
• Provide broad education about:
  o Post-trauma and grief reactions
  o Anxiety management techniques
  o Signs of more severe problems
  o When and how to seek help

Source: LACDMH Psychological First Aid Training provided by UCLA Hispanic Neuropsychiatric Center of Excellence, June 2020
MANAGEMENT STRATEGIES TO PROMOTE SELF-EFFICACY

Focus on staff’s strengths to get through this uncertain time

• Connect them with the types of resources they need
• As much as possible involve in decision-making policy and efforts
• Assist in create contingency plans and adjustment to changes
• Promote activities that help others, such as:
  o Food bank drives
  o Senior hours at the grocery stores
  o “Town Halls” or community meetings
  o Volunteering opportunities

Source: LACDMH Psychological First Aid Training provided by UCLA Hispanic Neuropsychiatric Center of Excellence, June 2020
MANAGEMENT STRATEGIES TO PROMOTE CONNECTEDNESS

• Help staff adjust to keeping physical distance, but maintaining social connections
• Promote activities that create social solidarity
• Identify those who may lack strong supports or may be isolated
• Assist staff to link with loved ones and community resources

Source: LACDMH Psychological First Aid Training provided by UCLA Hispanic Neuropsychiatric Center of Excellence, June 2020
**Do’s**

**Do** talk about the new coronavirus disease (COVID-19). The official name for the disease was deliberately chosen to avoid stigmatisation - the ‘co’ stands for Corona, ‘vi’ for virus and ‘d’ for disease, 19 is because the disease emerged in 2019.

**Do** speak accurately about COVID-19 risks, based on scientific data and the latest official health advice. Know your facts so you can correct information when needed. Share only facts and information confirmed by official health sources (see [WHO myth-busters](https://www.who.int)).

**Do** emphasise the effectiveness of prevention and treatment measures. There are simple steps we can each take to keep ourselves, our loved ones, and the most vulnerable safe.

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**Don’ts**

**Don’t** attach geographic locations or ethnicity to the disease. This can create negative feelings towards those locations or ethnicities. For example, don’t talk about the China virus or the Wuhan virus.

**Don’t** use hyperbolic language designed to generate fear, like ‘plague’ or ‘apocalypse.’

**Don’t** share links from sources that are not trusted or reliable.

**Don’t** encourage behaviour that is contrary to government advice.

**Don’t** share ‘funny’ clips or photos with stigmatising messages.
30 **Do** take physical distancing seriously. Follow the guidelines of your country, state, or city. Social interaction, however, remains essential in this time.

**Do** talk about people ‘acquiring’ or ‘contracting’ COVID-19.

**Do** talk about ‘people who have/may have COVID-19’, ‘people who are being treated for COVID-19’, ‘people who are recovering from COVID-19’ or ‘people who died after contracting COVID-19’.

**Don’t** allow people to become isolated. Those impacted need your compassionate support while maintaining physical distance.

**Don’t** stigmatise those recovered from COVID-19. They cannot infect anyone else.

**Don’t** talk about people ‘transmitting COVID-19’ ‘infecting others’ or ‘spreading the virus’ as it implies intentional transmission and assigns blame. Every one of us is capable of contacting and carrying the virus.

**Don’t** refer to people with the disease as ‘COVID-19 suspects’, ‘COVID-19 cases’ or ‘victims’ which are ways to devalue and disrespect individuals.

*Source: Mitigating Stigma and Fear: Towards an appropriate Christian response to COVID-19, World Vision, Faith & Development*
LACDMH RESOURCES RELATED TO THE PANDEMIC AND CIVIL UNREST

  - Educational resources (back to school)
  - COVID-19
  - LACDMH 24/7 Help Line (800) 854-7771
  - Anti-Racism
  - Suicide Prevention

- County Employee Newsletters and Emails
  - County of Los Angeles - Internal <Lacounty-Internal@Information.lacounty.gov>
LACDMH RESOURCES RELATED TO THE PANDEMIC AND CIVIL UNREST

• LACDMH is also a part of Psych Hub, namely COVID-19 Mental Health Resource Hub, which provides free resources to help the community address their mental health needs during the COVID-19 pandemic. Examples:
  o American Foundation for Suicide Prevention, U.S. Department of Veterans Affairs, American Psychological Association, National Alliance on Mentally Illness, etc.

• LACDMH Wellbeing Line specifically for L.A. County employees and first responders, 7 days a week. Hours of operation: 10am to 6pm at 833-307-0509
  o They can access emotional first aid related to COVID-19 stressors, assistance navigating mental health services and referrals to grief and bereavement resources
You have our back—and we have yours.

NEW Wellbeing Line for Los Angeles County Employees
Available 10am-6pm 7 days a week
833-307-0509
Your wellbeing is our priority.

You have our community’s back—and we’ve got yours.

LA County Wellbeing Line
Providing free support and mental health services for frontline staff, first responders and County employees
Available 7 days/week 10am-6pm 833-307-0509
Your wellbeing is our priority.
LACDMH RESOURCES RELATED TO THE PANDEMIC AND CIVIL UNREST: HEADSPACE

• Headspace is a global leader in mindfulness and meditation through its app and online content offerings

• Headspace provides unique tools and resources to mindfulness dating back to ancient times and based upon years of research

• Headspace offers inspiration, guidance, and support to living a mindful life in the pursuit of improving the health and happiness of the world

• Headspace’s CEO and co-founder, Rich Pierson and Tibetan Buddhist monk, co-founder Andy Puddicombe, launched Headspace with the mission to improve the health and happiness of the world by use of meditation and mindfulness
LACDMH RESOURCES RELATED TO THE PANDEMIC AND CIVIL UNREST: HEADSPACE

- https://www.headspace.com/lacounty
- Over 40 courses of themed meditations on specific topics like stress and sleep
- Dozens of exercises designed to add more mindfulness to your day
- Mini meditations you can do anytime. Great for busy schedules.
- Sleep by Headspace that helps ease the mind into a truly restful night’s sleep
- Animations that guide you through essential meditation techniques
LACDMH RESOURCES RELATED TO THE PANDEMIC AND CIVIL UNREST: SPEAKERS BUREAU

• Approximately 100 licensed clinicians serving as Subject Matter Experts (SME)

• The Speakers Bureau members identify with the underserved communities served by LACDMH because they are active, engaged members of these communities and thus reflect the concerns, culture and language of their respective communities

• By serving as bridges between DMH and Los Angeles County’s culturally and linguistically diverse communities, Speakers Bureau members facilitate culturally competent interventions, problem solve, and assist communities in navigating the complexities often associated with access to competent care and resources, during and beyond the COVID-19 pandemic

• Contact information: DMHSpeakersBureau@dmh.lacounty.com or (213) 351-6444
Speakers Bureau activities include:

- Participation in Town Halls and Board of Supervisors press conferences
- Community events sponsored or co-sponsored by LACDMH
- Print, radio and television media interviews
- Production of Public Service Announcements
- Presentations and trainings in the community
- Development of COVID-19 and other content materials
- Language translation of COVID-19 and other materials
- Consultation services
- Mental support (COVID-19 and beyond) for Community-Based and Faith-Based Organizations
Thank you all very much for your time