



Special Report on Mental Health and Well-being amid the COVID-19 Pandemic:

Learnings from Qualitative and Quantitative Formative Research

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How Right Now

As the COVID-19 pandemic has progressed over the year—and Americans have had to remain at home and socially distance from their families and friends, struggled financially, and been continuously exposed to information about the pandemic—reports of mental and behavioral health concerns have increased. With the onset of the pandemic, rates of emotional and behavioral health issues, such as depression, anxiety, substance use, domestic violence, and suicidal ideation have increased markedly.^{1,2,3}

In June 2020, the Centers for Disease Control and Prevention (CDC) released a report² revealing concerning findings related to people's mental health amid the COVID-19 pandemic (caused by the novel coronavirus SARS CoV2). Among people surveyed, findings included:

- ▶ **40.9%** reported at least one adverse mental or behavioral health condition
- ▶ **30.9%** reported symptoms of an anxiety or depressive disorder
- ▶ **26.3%** reported symptoms of a trauma- and stressor-related disorder

- ▶ **13.3%** said that they were using substances to cope with stress or emotions related to the pandemic
- ▶ **10.7%** reported having seriously considered suicide in the previous month, more than double the rate reported in a 2018 CDC survey

Additional research has suggested the need to prepare strategies that can successfully address challenges to both individuals' and communities' emotional and behavioral health.⁴

In order to shed light on and to help alleviate mental health challenges amid the COVID-19 pandemic, the [How Right Now](#) (HRN) initiative was developed. Based in research—and made possible with support provided by the CDC Foundation and technical assistance from CDC—HRN aims to increase individuals' coping skills and their ability to adapt and be resilient, and to reduce the risk of adverse behaviors during this time. The following report documents findings from the formative research that was conducted to better understand COVID-related mental health challenges and inform the development of HRN.



Why How Right Now?

Many people are experiencing feelings of grief, loss, anxiety, and depression as a result of the COVID-19 pandemic, but certain groups may be more at risk of experiencing mental health challenges during this time.⁸ HRN is particularly focused on these audiences:

- ▶ **Adults over 65 years of age and their caregivers**
- ▶ **People with preexisting mental and physical health conditions**
- ▶ **People experiencing violence**
- ▶ **People experiencing economic distress**

Within each of these audience groups, HRN focuses on at-risk subpopulations, e.g., racial and ethnic and gender-identity minorities, who are disproportionately experiencing the effects of COVID-19.



Informing the Development of *How Right Now*

To understand priority audiences' thoughts, feelings, and behaviors related to mental and emotional health challenges during the COVID-19 pandemic, and to inform the development of the initiative, rapid mixed-methods formative research was conducted. Guided by a culturally responsive approach and a commitment to include diverse voices, the primary aims of the formative research were to understand HRN's audiences' urgent mental/behavioral health concerns, definitions and perceptions of resilience, mental health resource needs, available mental health resources, and trusted health information sources.

Formative Research Areas of Discovery



**Mental/behavior
health concerns**



Resilience



**Mental health resource needs
and availability**



Trusted health sources

HRN is a partnership-based initiative. As such, partner organizations that serve the initiative's priority audiences participated in the formative research. These included:

- ▶ AARP
- ▶ Alzheimer's Association
- ▶ American Heart Association
- ▶ Association of Asian Pacific Community Health Organizations
- ▶ Futures Without Violence
- ▶ Human Right Campaign
- ▶ League of United Latin American Citizens
- ▶ Mental Health America
- ▶ National Association for the Advancement of Colored People
- ▶ National Indian Health Board
- ▶ National Latino Behavioral Health Association
- ▶ National Suicide Prevention Lifeline/Vibrant Emotional Health
- ▶ United Way
- ▶ YMCA
- ▶ YWCA

Formative research activities took place in both English and Spanish. Given the timing and concurrent nature of the formative research process, data collected early in the research process informed the creation of draft personas, message frames, and core messages that were then tested in the later stages of the research process. Research results are representative of the time in which they were collected. The main data collection activities are described below.

Environmental Scan

Using relevant search terms and parameters, more than 700 pieces of published and grey literature were collected and analyzed from May 4, 2020 to May 16, 2020. Published literature typically contained original research authored by professionals and published in peer-reviewed journals. Grey literature included preprints, preliminary progress reports, technical reports, statistical reports, memoranda, market research reports, theses, conference proceedings, and technical specifications. Excluded from the analysis were blogs, opinion articles, pharmaceutical company research, direct marketing advertisements, and companies selling COVID-19-related mental health products.

Data Distillation

More than 22 reports containing existing survey data related to COVID-19 and mental health from 11 organizations—including the Ad Council, the Pew Research Center, and Johns Hopkins University—were reviewed to gather information relevant to the emotional health of HRN’s priority audiences and to augment what we learned in the environmental scan.

Social Listening

Applying similar terms used for the environmental scan, social listening was used to gain an understanding of how members of the initiative’s priority audiences were talking across social media sites about mental and emotional health related to COVID-19. Content from HRN partner organizations was also acquired, mined, and analyzed. More than 1 million posts were collected and analyzed across social media platforms—Twitter, Reddit, Facebook, Instagram, YouTube, and Pinterest—from February 1, 2020 through May 31, 2020.

Partner Needs Assessment

To serve as an introduction to the HRN initiative, gauge interest in collaboration, and gather insights about partner organizations’ audiences and organizational needs, 14 one-hour-long interviews were conducted between May 12, 2020 and June 4, 2020 with representatives of national nonprofit organizations.

Partner-convened Listening Sessions with Audience Members

Following the needs assessment calls, seven listening sessions were convened. The national nonprofit organizations that participated in the needs assessment helped convene the sessions and recruit participants. These were held with three to six members from each of HRN’s priority audiences (for a total of 30 participants) via the Zoom platform between June 1, 2020 and June 16, 2020. In these sessions, participants discussed emotional health and well-being during the COVID-19 pandemic. The hour-long sessions also served as an opportunity to obtain audience feedback on the initiative’s initial messages.

Online Focus Groups

Online focus groups offered a forum for dynamic discussions during which participants could share their thoughts and experiences about emotional health, available and needed resources, trusted sources of help, and resilience. The 90-minute-long discussions, involving 58 individuals in 10 groups (five each in English and Spanish), took place via Zoom between June 10, 2020 and June 13, 2020. They also provided a forum for testing draft HRN messages with participants.

Omnibus Survey

Using AmeriSpeak® (NORC’s nationally representative probability panel of more than 30,000 U.S. households), an online survey with 23 items was fielded between May 29, 2020 and June 1, 2020 in order to obtain a broad perspective of the COVID-19 pandemic’s emotional health impacts on HRN’s priority audiences. The AmeriSpeak Omnibus survey (administered every two weeks to a probability sample of approximately 1,000 representative adults) yielded data from 731 individuals belonging to one or more of the priority audiences.



The Findings

Data collected as part of the formative research process were blended and findings were triangulated in order to gain a deeper understanding of the HRN audiences' urgent mental/behavioral health concerns, definitions and perceptions of resilience, mental health resource needs, available mental health resources, and trusted information sources. Ultimately, this helped inform the development of the initiative. Specific findings are described below.



Urgent Mental/ Behavioral Health Concerns

Data analysis revealed key urgent mental and behavioral health issues among HRN's priority audiences, including:

- ▶ Anxiety
- ▶ Depression
- ▶ Loneliness
- ▶ Isolation
- ▶ Helplessness
- ▶ Family tension
- ▶ Substance use
- ▶ Experiences with violence, trauma, and/or abuse
- ▶ Suicidal ideation
- ▶ Grief

These concerns often arose from disruptions to social determinants of health (e.g., loss of employment and income, lack of access to food and other basic needs) that have been exacerbated by COVID-19, changes in daily life, inability to access coping mechanisms, feelings of loss of control, and uncertainty about the future. All of these factors have increased dramatically since the onset of the pandemic. In addition, members of the priority audiences commonly reported feeling overwhelmed by too much conflicting information and sometimes reported feeling ashamed for needing help. Specifically, people experiencing violence or those in economic distress expressed the greatest concern about having access to food, unemployment, healthcare, and uncertainty about their future.



“
When you have children, you don’t have the option of giving up. When there is love in the family, you can feel it and you have to fight for your loved ones.”

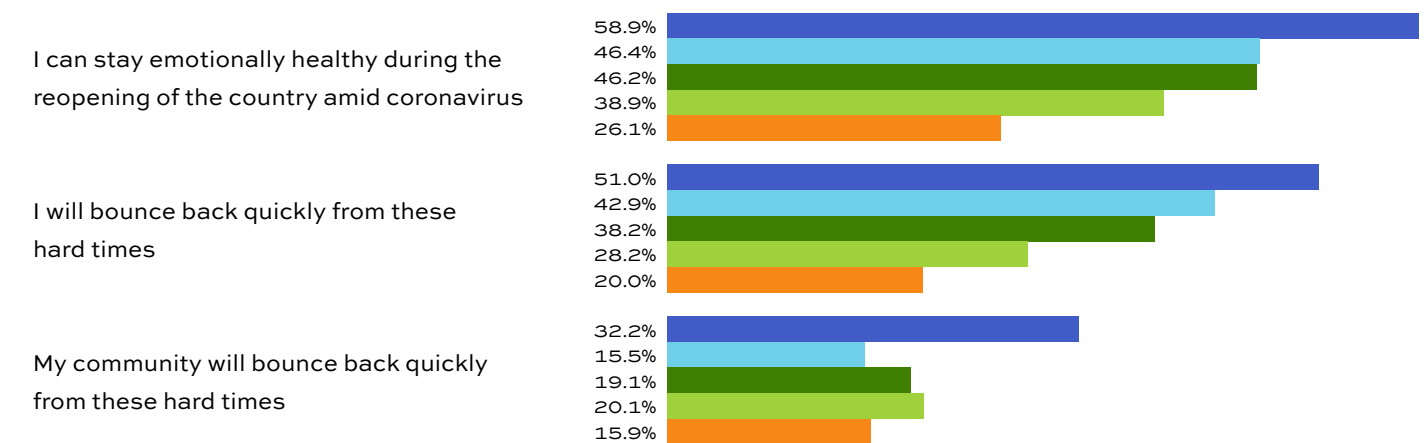
— *Quote from online Spanish-speaking focus group with people experiencing violence*

Definitions and Perceptions of Resilience

Despite the fact that HRN’s priority audiences commonly reported feelings of worry, fear, anxiety, and depression, the formative research also revealed how HRN’s audiences said they need to be resilient during this time. Specifically, they reported needing things such as social support, access to health care, and a sense of community in order to be resilient.

In terms of what resilience means to HRN’s audiences, common themes included relying on past experiences to get through this time, acknowledging the real challenges presented by the pandemic, and not giving up hope. Attitudes about resilience were generally consistent across priority audiences, although adults over 65 years of age appeared to be more confident in their ability to be resilient compared to the other groups. By comparison, those experiencing economic distress reported lower confidence in both their own (20%) and their communities’ (15.9%) abilities to be resilient (Figure 1).

Figure 1.
Resilience amid COVID-19 (N=731)



Source: HRN formative research audience survey fielded through NORC Omnibus, Friday, May 29 – Monday, June 1, 2020

■ 65+
 ■ Caregivers of 65+
 ■ Preexisting conditions
■ Experiencing violence
 ■ Economic Distress



Mental Health Resource Needs

Priority audiences commonly shared that they would like to have access to remote and readily available mental telehealth services and support groups to support their emotional health. Audiences also expressed a desire for ways to connect virtually with family, friends, and peer support. Specific needs that emerged from the blended data included:

- ▶ Culturally and linguistically appropriate information about self-care and healthy coping strategies
- ▶ Reassurance that people’s feelings are not abnormal and that they are not alone
- ▶ Family and friends as sources of support and companionship to stay emotionally healthy
- ▶ Community groups for informational support
- ▶ Government and social services for financial and informational support
- ▶ Therapists for emotional and informational support

Figure 2 presents HRN’s priority audiences’ reported preferred emotional health support needs and sources, as reported in the survey data. A significant majority of people (60%) expressed needing emotional support from family, partners, or friends over the next few months, whereas a third or fewer reported needing emotional, financial and material, informational, or companionship support from other sources over the next few months. This is not surprising since science suggests that strong social support (from family and friends) is important for health and wellness.⁶

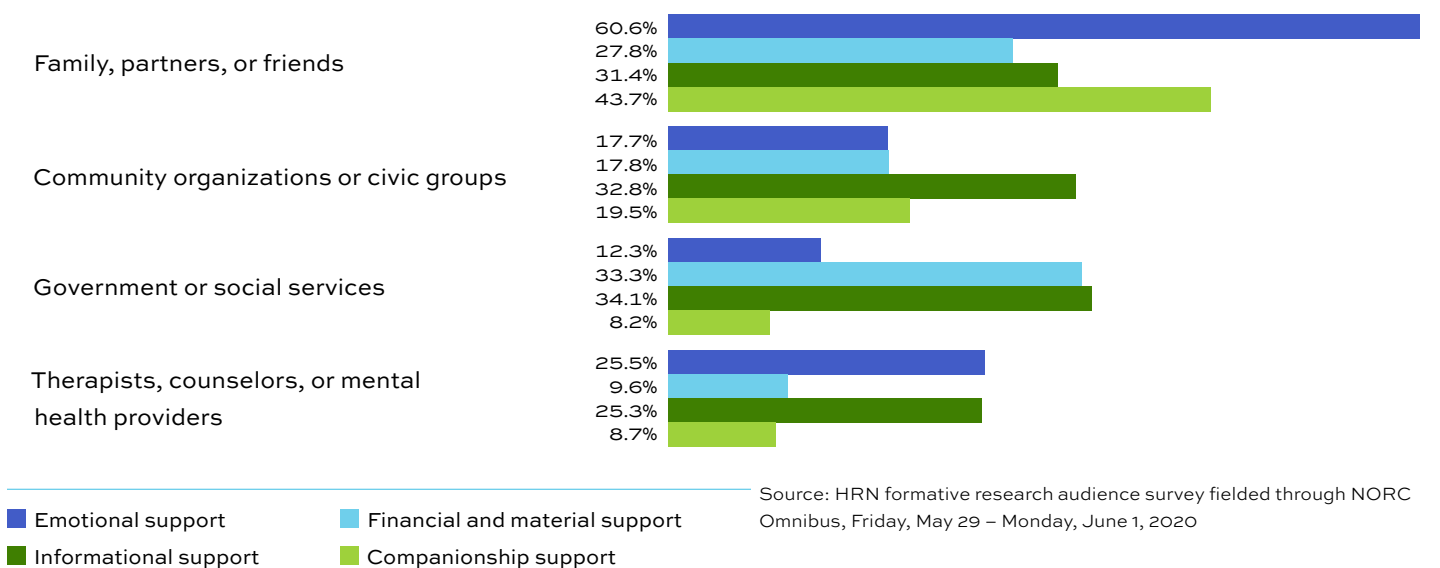
Deepening the understanding of audience support needs and sources, analysis of the qualitative data indicated that priority audiences want clear and consistent information about COVID-19 and ways to mitigate its impacts (e.g., face coverings). Priority audiences also want actionable information about coping and being resilient amid the pandemic. Even more specifically, priority audiences want actionable guidance on how to connect virtually with others.

Support needs varied by audience group; the following needs for support ranked highest for each group:

- ▶ Individuals age 65 and older (and their caregivers): Ways to connect to others and to access mental telehealth services
- ▶ People with preexisting physical or mental health conditions: Ways to connect virtually with loved ones, along with greater support for coping strategies
- ▶ People experiencing violence: Access to social connection and support, specifically emotional support and tangible aid and services for times when they are in distress or crisis, including access to telehealth services, hotlines, and/or anonymous remote therapy
- ▶ People experiencing economic distress: Readily available remote therapy and connections to loved ones, which, in turn, require access to technology and internet service

Figure 2.

Needed Types and Sources of Mental Health Support (N=731)





Available Mental Health Resources

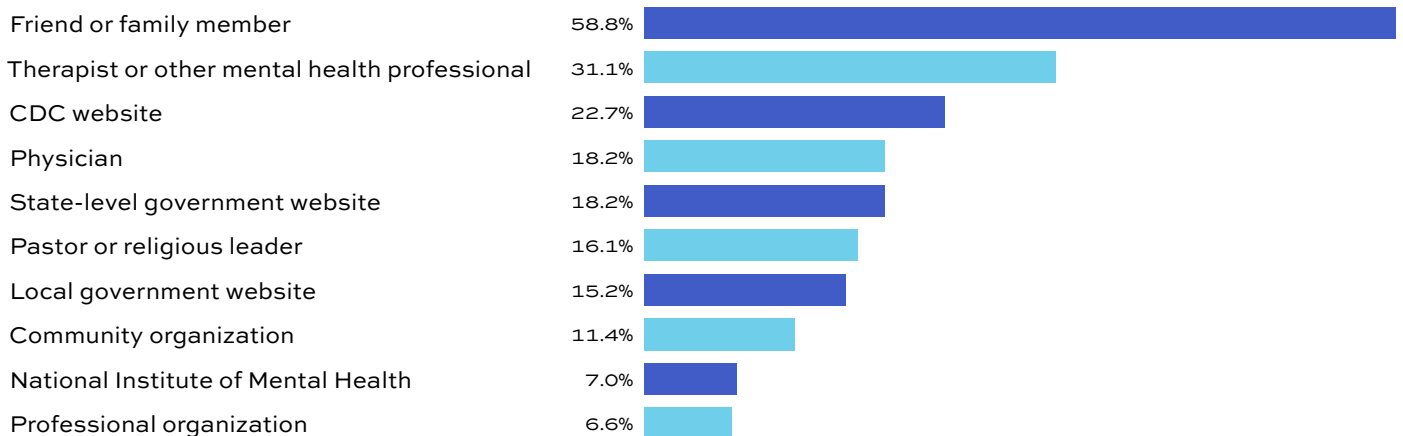
With respect to the mental health resources that are available to people, formative research revealed an abundance of “how-to” lists and discussion threads focused on coping strategies and emotional health. In addition, local and national hotlines—including phone-, text-, and internet-based chats—are available for the unique mental health needs of some of the priority audience members, as well as for those in crises. Platforms to connect with partners, family members, friends, and faith communities are also available to support individuals’ emotional well-being. Peer-to-peer forums on social media are well-utilized platforms for reassurance, support, and information (especially on www.reddit.com). Finally, a variety of guides detailing how to access resources and address mental health concerns is available for both individuals and organizations. Many of these include information about how to access remote therapy for mental health issues, in addition to other important resources.

However, while much of the information and resources that people need already exists, accessing it may be difficult for those who are already anxious, depressed, or otherwise stressed. HRN’s priority audiences commonly reported searching for:

- ▶ Remote mental health services
- ▶ Ways to refill mental health medications
- ▶ Insurance coverage for mental health services
- ▶ Help to cope with grief, loss, and other emotions

For persons who reported that they have looked for information to support emotional health amid COVID-19, Figure 3 presents a breakdown of where people look for emotional health support. Most often, priority audiences reported seeking support through both informal support networks, e.g., friends or family members (56.8%) and formal ones, e.g., therapists or other mental health professionals (31.1%). Surprisingly, only 16.1% reported looking to pastors or religious leaders for emotional health support resources.

Figure 3.
Available Mental Health Support Resources (N=137)



Source: HRN formative research audience survey fielded through NORC Omnibus, Friday, May 29 – Monday, June 1, 2020



Trusted Health Information Sources

Survey results revealed that priority audiences trust multiple, varied sources of health information. In general, people trust national nonprofit organizations such as AARP, the American Civil Liberties Union (ACLU), the National Association for the Advancement of Colored People (NAACP), Unidos-US (formerly called National Council of La Raza), the United Way, Alzheimer’s Association, YMCA, and YWCA, among others. They also trust national organizations focusing on mental health, such as Mental Health America and the National Alliance on Mental Illness (NAMI), local public health authorities, and faith-based organizations. Finally, people express trust in federal and global health organizations such as the CDC and the World Health Organization (WHO); see Figure 4.

There was some variation in the sources primarily trusted by each of HRN’s priority audience groups:

- ▶ Individuals age 65 and older reported trusting faith-based communities
- ▶ Caregivers expressed trust in mental health professionals
- ▶ Individuals with preexisting conditions reported trusting celebrities
- ▶ People experiencing violence reported trusting peers in similar situations or local crisis organizations
- ▶ People experiencing economic distress reported trusting local health centers



We’re getting mixed signals from a variety of sources, and it’s not doing anyone any good.

— Quote from online focus group with people ≥65 years of age

In addition, findings suggested that Spanish-speaking audiences trust Spanish language media, such as Univision and Telemundo, to provide information about the COVID-19 pandemic (as well as on other general topics). This may be due to the fact that these communication channels consistently offer culturally and linguistically appropriate information to their intended audiences and therefore are trusted to provide necessary information related to COVID-19.

Finally, although priority audiences indicated that they trust several sources to provide reliable information, the sheer volume of information available can also be a challenge to individuals’ ability to locate what they need.

Moreover, some focus group participants said that they have to turn off the news and take a break from information overload to help manage their emotional health.

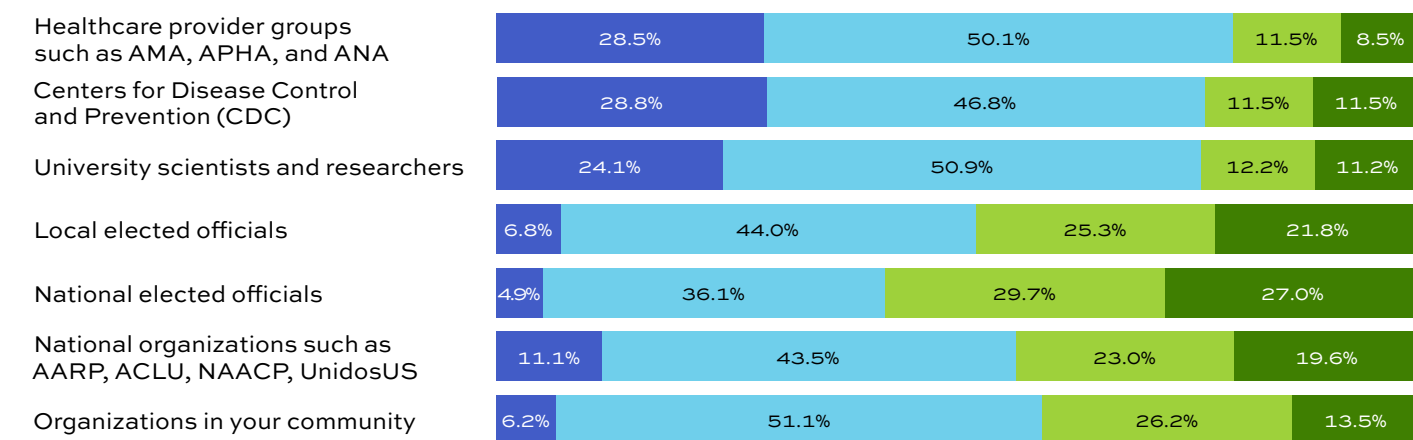


Finding a balance between digesting important updates on COVID-19 while reducing information that can cause us to feel depressed is fundamental.

— Quote from environmental scan

Figure 4.

Level of Trust for Health Information Sources (N=731)



■ Completely ■ Somewhat ■ Not very much ■ Not at all

Source: HRN formative research audience survey fielded through NORC Omnibus Friday, May 29 – Monday, June 1, 2020





Conclusion

The complex medical challenges of the ongoing COVID-19 pandemic have been well documented,⁷ and the pandemic's impact on people's emotional health is a growing concern. The formative research conducted as part of *How Right Now* revealed that many of the initiative's audiences are experiencing feelings of worry, loss of control, isolation, and grief, stemming from inconsistent information and from disruptions in employment, income, education, and health access. Furthermore, research shed light on priority audiences' needs and sources of trusted information and support related to their emotional health.

Findings from the formative research indicated that, in order to help mitigate the emotional health impacts of the COVID-19 pandemic, messaging efforts should:

- ▶ Validate what people are experiencing amid COVID-19
- ▶ Acknowledge the reality and seriousness of COVID-19 and the range of experiences and needs across audiences (e.g., hopelessness)
- ▶ Normalize people's worry, stress, and reactions (e.g., feeling distress in a crisis is normal)
- ▶ Provide practical, low-cost solutions to help people cope with grief, worry, and anxiety during this time
- ▶ Avoid being overly prescriptive and focus on positive messages
- ▶ Provide resources for health information and social or community support
- ▶ Provide culturally and linguistically appropriate materials

These findings signaled the need for targeted messages to support mental health and emotional well-being for HRN's four priority audiences who were at substantial risk for negative mental health outcomes during COVID-19. This was particularly salient given the unique need during this pandemic to physically distance from others. The culturally responsive approach to this research resulted in the launch of an innovative partnership-based communication initiative—now known as *How Right Now*—that is currently live and providing support to these populations.

The HRN initiative reflects a robust research-based effort that focuses on addressing people's feelings of grief, loss, and worry by increasing individual coping skills and reducing the likelihood of adverse behaviors. A comprehensive evaluation of the initiative that will ultimately reveal findings related to process, outcomes, and lessons learned is currently underway.



About the HRN Team



NORC

NORC at the University of Chicago is an objective, nonpartisan research institution that delivers reliable data and rigorous analysis to guide critical programmatic, business, and policy decisions. NORC's health communication group includes experts in digital strategy and outreach, social media data analysis, and audience research and evaluation.

Burness

At Burness, a mission-driven organization with ability to influence social change, veteran communications, media, and policy experts work with digital strategists, designers, writers, and producers to create and execute communication strategies that move issues and elevate organizations.

TMN

TMNcorp is a minority- and woman-owned full-service communications and marketing company that combines a broad range of media, research, and strategic management expertise not ordinarily found in a single firm. TMN's strength lies in personal and professional diversity, commitment, and desire to make a difference.



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