BLOOMBERG **HARVARD** | City Leadership Initiative

Coronavirus Local Response Initiative Session Four
"Addressing Stress and Mental Health"

This handout reviews key points from session four of the Coronavirus Local Response Initiative for city leaders, drawing on the work of Kimberlyn Leary and Jorrit de Jong.

Stress:

1. *a physical, chemical, or emotional factor that causes bodily or mental tension and may be a factor in disease causation*
2. *a state resulting from a stress*
   especially : one of bodily or mental tension resulting from factors that tend to alter an existent equilibrium

—Merriam-Webster

WHAT MAYORS NEED TO KNOW

Like physical health, mental health is **complex and multifaceted**, with effects along a broad continuum of wellbeing. Stress and anxiety are universal human experiences—normal and adaptive responses that evolved to keep us safe from threats of all kinds. **Prolonged or severe stress**, however, can become **trauma**. Stress is **cumulative**. For those already under various pressures, the addition of a new source of stress may exacerbate distress.

The most stressful events are those that are **negative**, **uncontrollable**, **ambiguous**, **unpredictable**, and **require significant adaptation**. Even for those of us not dealing with the acute stressors of illness, death, and/or loss of income, stay-at-home orders and social distancing disrupt the usual ways we orient and stabilize ourselves–our routines, social interaction, and sense of mastery.

You may already be seeing evidence of a surge in the demand for mental health care:

- Among the **general population**, online resources like TalkSpace, BetterHelp, and the Crisis Text Line are seeing steep rises in new users, with people reporting feeling "terrified," "overwhelmed," "panicked," and "paranoid." A survey by McKinsey and Company during the last week of March showed a large majority of respondents feeling **anxious and depressed** and a significant uptick in **substance abuse**.

- **Healthcare workers** are especially vulnerable to the mental effects of stress at this time. In a study out of China, half of healthcare providers involved in COVID-19 response reported depression and more than a third had trouble sleeping.

- Social isolation and financial stress are also taking a toll on **families**, with parents reporting losing their tempers with their children frequently. Domestic violence is on the rise These stresses are heightened for parents of children with disabilities and those with health vulnerabilities.

Multiple studies show that the mental health effects of stress related to disasters can **linger for months or years** following the event. (See graphic attached.) It may be decades before we fully understand the scope of the pandemic's impact on mental and behavioral health.

The good news, however, is that stress-related mental health conditions are **treatable**—even under stay-at-home rules.

The WHO, CDC, and SAMHSA (Substance Abuse and Health Services Administration) offer the following guidance for positive coping:

> 1) Adapt and use coping strategies that have helped you in the past.
> 2) Create new routines and stick to the parts that work.
> 3) Prioritize rest and nutrition.
> 4) Stay in contact with family and friends (online and by phone).
> 5) Look for opportunities to safely help others/neighbors.
> 6) Minimize COVID-19-related media exposure. Look for media reports featuring practical steps to take.

[Guidance from the National Alliance on Mental Illness (NAMI)](#)

[Guidance from the CDC](#)

WHAT MAYORS CAN DO

There are a number of ways mayors can help the public deal with the stresses of this crisis. They can make a difference in four key ways:

Messaging
- Combine messages around physical separation with affirmations of alternative **social connections** (phone or online), e.g., through use of hashtags like #AloneTogether.
- **Acknowledge** the real concerns people face, especially financial strains.
- Amplify **positive and hopeful** stories.
- Speak directly to the stressors affecting **specific groups** (e.g. small business owners, healthcare workers, teens at home, etc.) including those who might otherwise feel invisible (e.g. people with disabilities).
- Keep messages **simple and accessible** for those with intellectual, cognitive, or psychosocial disabilities.

Augment Access and Capacity
- Expand **tele-mental health** as permitted and mandated by state and federal regulators, including through nonmedical helplines (pastoral care, stress management).
- Push out continuous updates of local, state, and national mental health **resources**, including crisis **hotlines and "warmlines"** staffed by peer volunteers.
- Work to connect **vulnerable populations**—especially the homeless and others with substance use and mental health diagnoses—with resources.
- Sponsor **innovation**.

Mitigate Stigma
- **Normalize** stress and mitigate stigma around mental health issues by speaking about mental health impacts inclusively ("we," "us," "all of us").
- Use **mindful language** about COVID-19 ("people who have COVID-19" rather than "COVID-19 cases")
- Encourage **help-seeking**.

Honor the Unspeakable
- Help communities **grieve** by speaking to losses.
- Acknowledge the **hardship** of being unable to mourn losses together.
- Support new **culturally-sensitive rituals**.

HOW MAYORS CAN BETTER RECOGNIZE AND DEAL WITH THEIR OWN LEVELS OF STRESS

You and your team are making an unusual number of unfamiliar and consequential decisions. Stress is normal and unavoidable, and it is manageable if you take the time to **recognize and respond** to it.

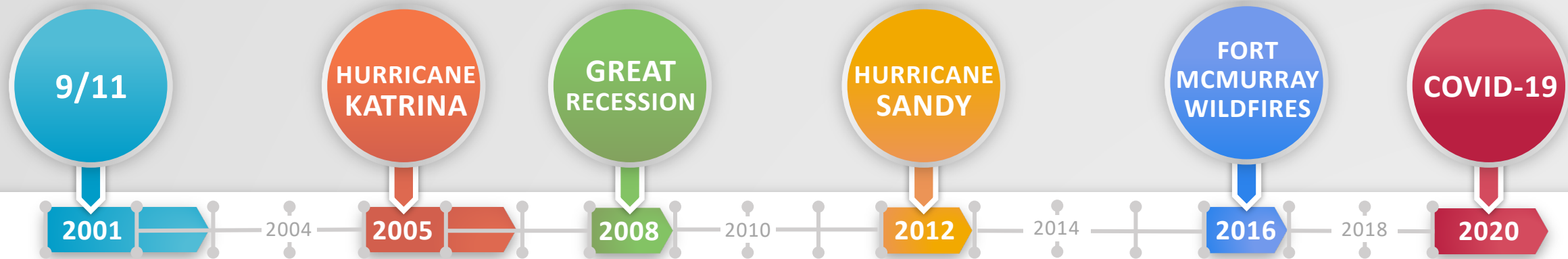Utilize this **short check list** for tracking your own stress levels:

- **Thinking**: Being easily distracted, unable to concentrate
- **Emotions**: Trouble relaxing, feeling irritable
- **Body**: Increase or decrease of energy, feeling restless, sweating, headaches, appetite and sleep changes
- **Behavior**: Blaming others or getting into frequent arguments

Bringing attention to your body and breath is the essential first step for calming the **physical stress response**. Only then can you begin to do the **cognitive work** of combatting anxious thoughts. Don't overestimate the danger or underestimate your ability to manage what comes your way. You cannot predict the future, but you can **sort problems** into groups and work on them one at a time, generating and testing solutions for problems on which you can exert some influence. **Accept** that some problems are beyond your influence.

It is vital to take care of your mental health at this time—not just for yourself and your family, but also for your team. You can help **support your team** in the following ways:

- Listen to and validate their concerns.
- Express confidence in their abilities.
- Increase supports for their mental health needs.
- Minimize uncertainty.
- Model self-care.

Studies of Mental Health Effects After Disasters

	9/11	HURRICANE KATRINA	GREAT RECESSION	HURRICANE SANDY	FORT MCMURRAY WILDFIRES	COVID-19
	2001	2005	2008	2012	2016	2020
TIMEFRAME	2 YEARS	2 YEARS	1 YEAR	6 MONTHS	3 MONTHS	NEAR PEAK
POPULATION STUDIED	PENTAGON STAFF	SURVIVING LOW-INCOME WOMEN	NATIONWIDE	ADULTS IN AFFECTED AREAS	EVACUEES	HEALTHCARE WORKERS IN HANGZHOU, CHINA
EFFECTS MEASURED	14% PTSD	30% INITIAL PTSD	13% SUICIDE INCREASE	15% PTSD	29% PTSD	45% ANXIETY
	7% DEPRESSION	39% RECOVERED AFTER 2 YEAR FOLLOW UP	46,000 LIVES LOST DUE TO UNEMPLOYMENT & INCOME INEQUALITY	6% DEPRESSION	26% DEPRESSION	50% DEPRESSION

Sources: (Schuster, 2001), www.apa.org, www.mckinsey.com, www.ncbi.nlm.nih.gov, www.psychiatryadvisor.com, www.ncbi.nlm.nih.gov