



Clinical Depression and COVID-19: Expanding on Mental Health Promotion

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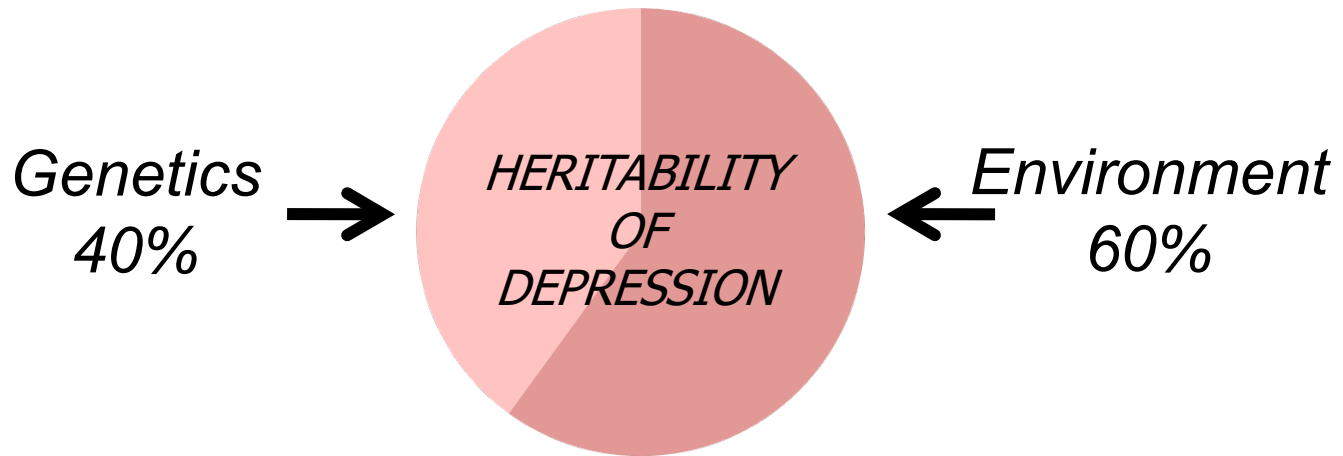
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Outline

- Basic primer on depression and risk factors
- What is happening right now
- Looking forward: Best practices

Basic primer on depression and risk factors

*What causes
depression?*



What causes depression?

Negative life experiences

Context of adolescence (women)

Trauma, violence

Unemployment, homelessness

Physical/medical conditions

Accumulation of daily stressors

Disruptive “positive” events

Pregnancy, childbirth (women)

Marriage (women)

Poor social support, marital dissatisfaction

Divorce, widowhood, death of loved ones

Separation from family

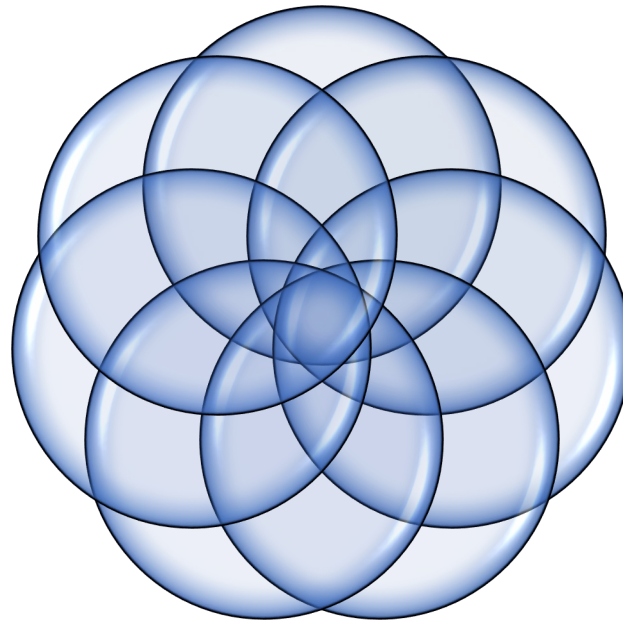
*← Environment
60%*

MDD –
Melancholic

Recurrent Brief
Depressive
Disorder

MDD – Atypical

Minor
Depressive
Disorder



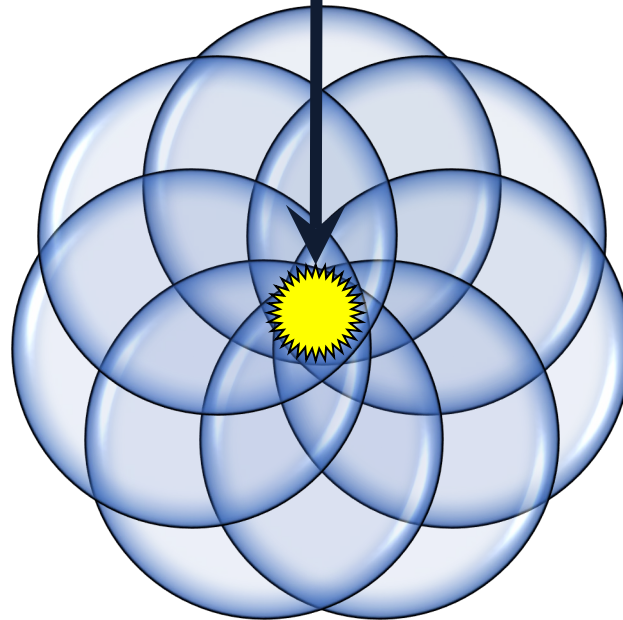
MDD –
Catatonic

Depressive PD

Dysthymic
Disorder

Core experience: Feeling sad, down, blue

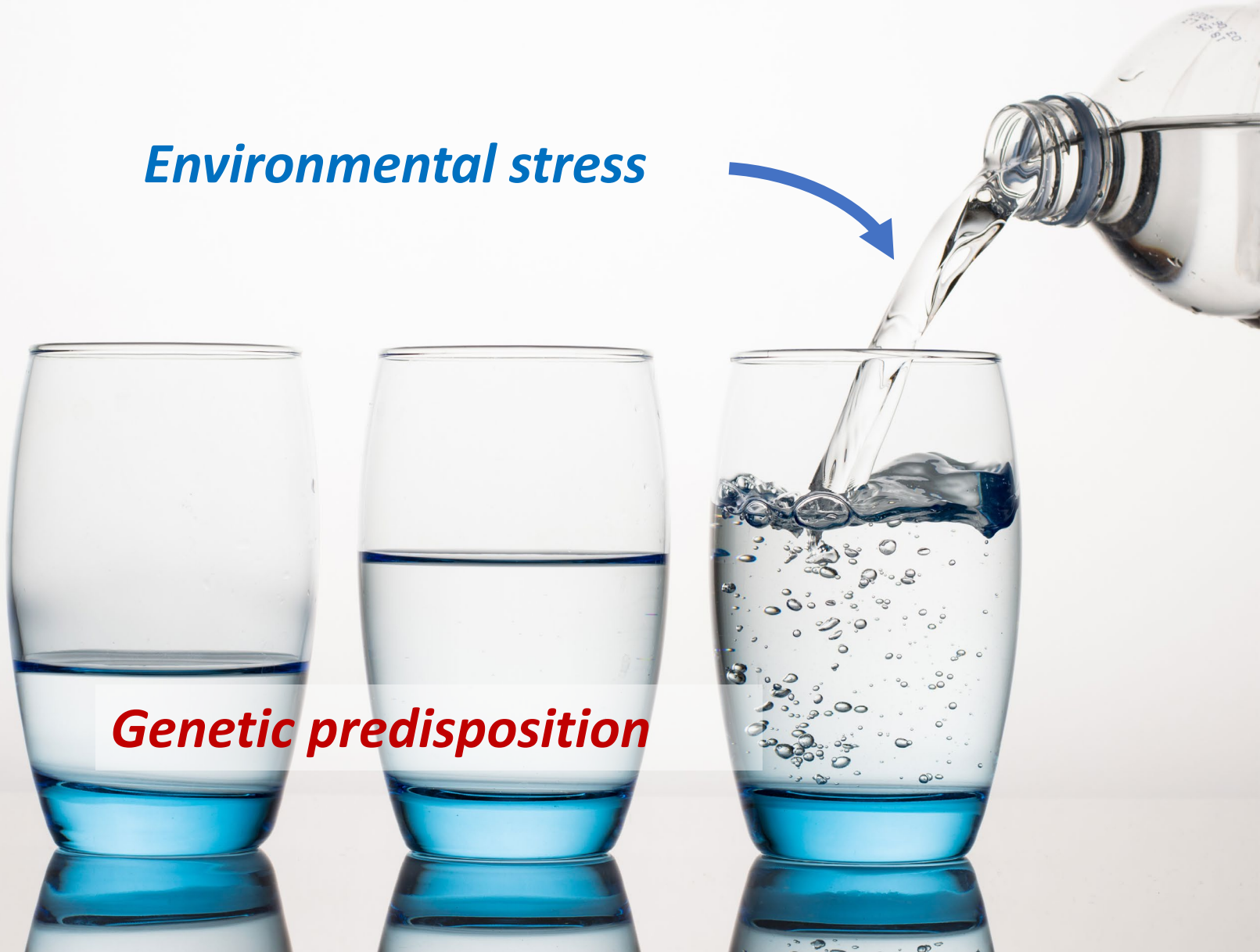
An extension or dysregulation of a normal, adaptive emotional experience



Great variability in time course, severity, and correlated symptoms.

Diathesis-Stress Model of Depression

Environmental stress



Genetic predisposition

COVID-19: A perfect storm of environmental stressors



<https://theconversation.com/covid-19-could-lead-to-an-epidemic-of-clinical-depression-and-the-health-care-system-isnt-ready-for-that-either-134528>

COVID-19: A perfect storm of environmental stressors

Acute and chronic stress:

- Hyperactivity of the stress-response system (HPA-axis): One of most consistent findings in biological psychiatry of depression.
- Pay attention to increased cortisol in morning.
- Anxiety and trauma typical precede and predict depression.

COVID-19: A perfect storm of environmental stressors

Personal trauma, loss and grief:

- 1 in 1850 Black Americans have died of COVID-19
- 1 in 4400 White Americans have died of COVID-19
 - May 27, <https://www.apmresearchlab.org/covid/deaths-by-race>
- Disrupted and complicated grief responses
- Front-line health care workers

COVID-19: A perfect storm of environmental stressors

Social difficulties:

- Social distancing and loneliness?
- Frustration, boredom, lack of access to rewarding experiences and social contact
- Family conflict: Divorces rates up in China

-- Mar 14, <https://www.theweek.in/news/world/2020/03/14/Coronavirus-driving-divorce-rates-up-in-China.html>

COVID-19: A perfect storm of environmental stressors

Financial difficulties:

- 2008 stock market crash: Wealthy experienced large wealth losses, increase in anti-depressant prescriptions, but not increase in depression.

--<https://ajph.aphapublications.org/doi/10.2105/AJPH.2013.301566>

- Feb-March, 2020: 34.1% increase in anti-anxiety and 19% increase in anti-depressant prescriptions. Rates had been declining. 78% new prescriptions.

-- April 17, <https://www.medscape.com/viewarticle/928901>

COVID-19: A perfect storm of environmental stressors

Financial difficulties:

Unemployment per se does not predict depression.

- ***Home foreclosures*** in 2008 recession: 62% increase in depression. --<https://ajph.aphapublications.org/doi/10.2105/AJPH.2013.301566>

- ***Material hardship:***

- Financial strain: OR = 1.47
- Financial deprivation: OR = 1.19

- ***Ceasing to live with partner:*** OR = 2.06

-- Lorant et al. (2007). Depression and socio-economic risk factors: 7-year longitudinal population study. *British Journal of Psychiatry*, 190 (4), 293-298.

<https://doi.org/10.1192/bjp.bp.105.020040>

What is happening right now

Health care workers in China during initial outbreak

Sx of depression: 50%

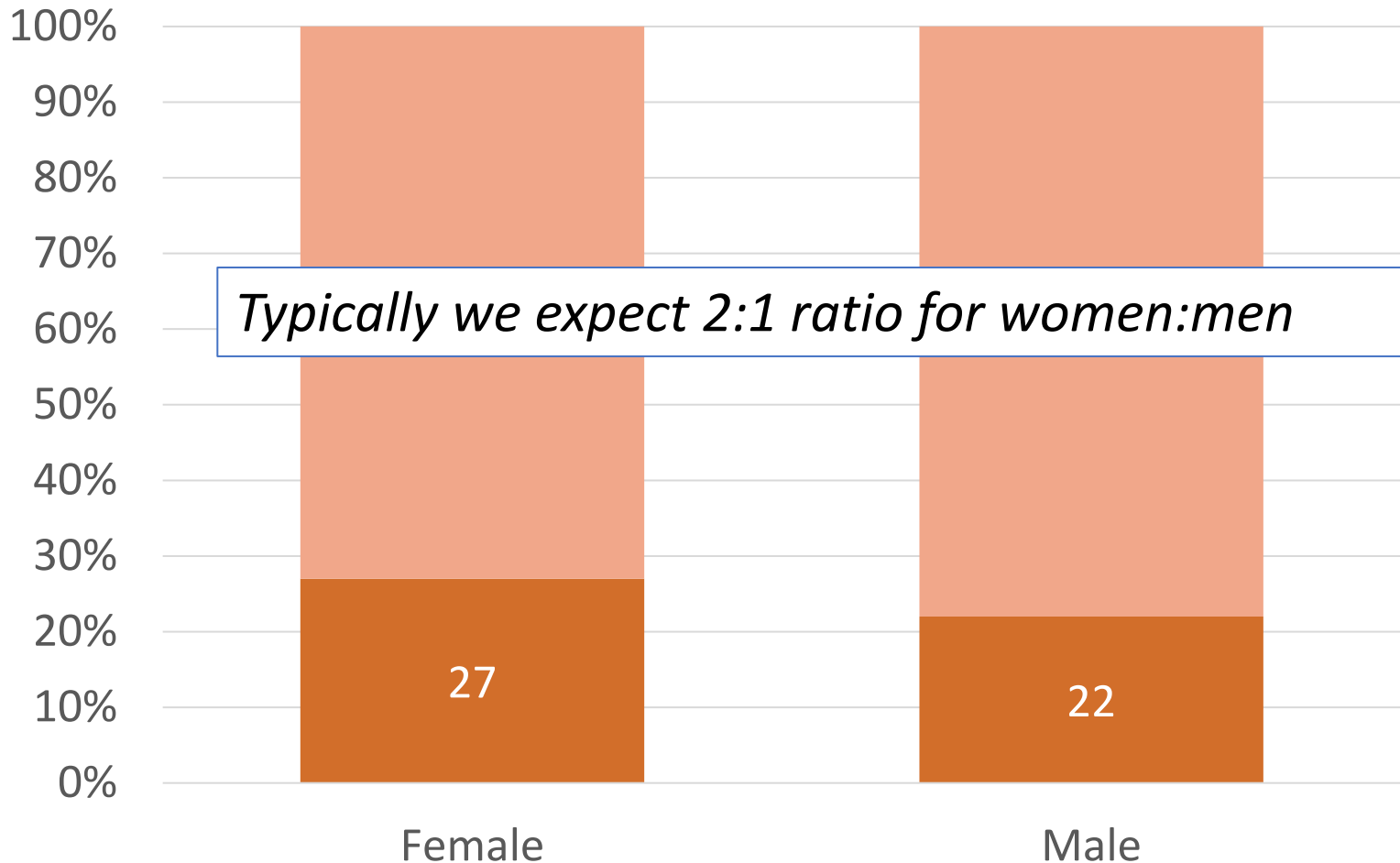
Increased risk:

- Women (OR: 1.94)
- Intermediate title, i.e., nurses (OR: 1.77)
- Front-line (OR: 1.52)

Lower risk:

- Outside Wuhan (OR: 0.77)

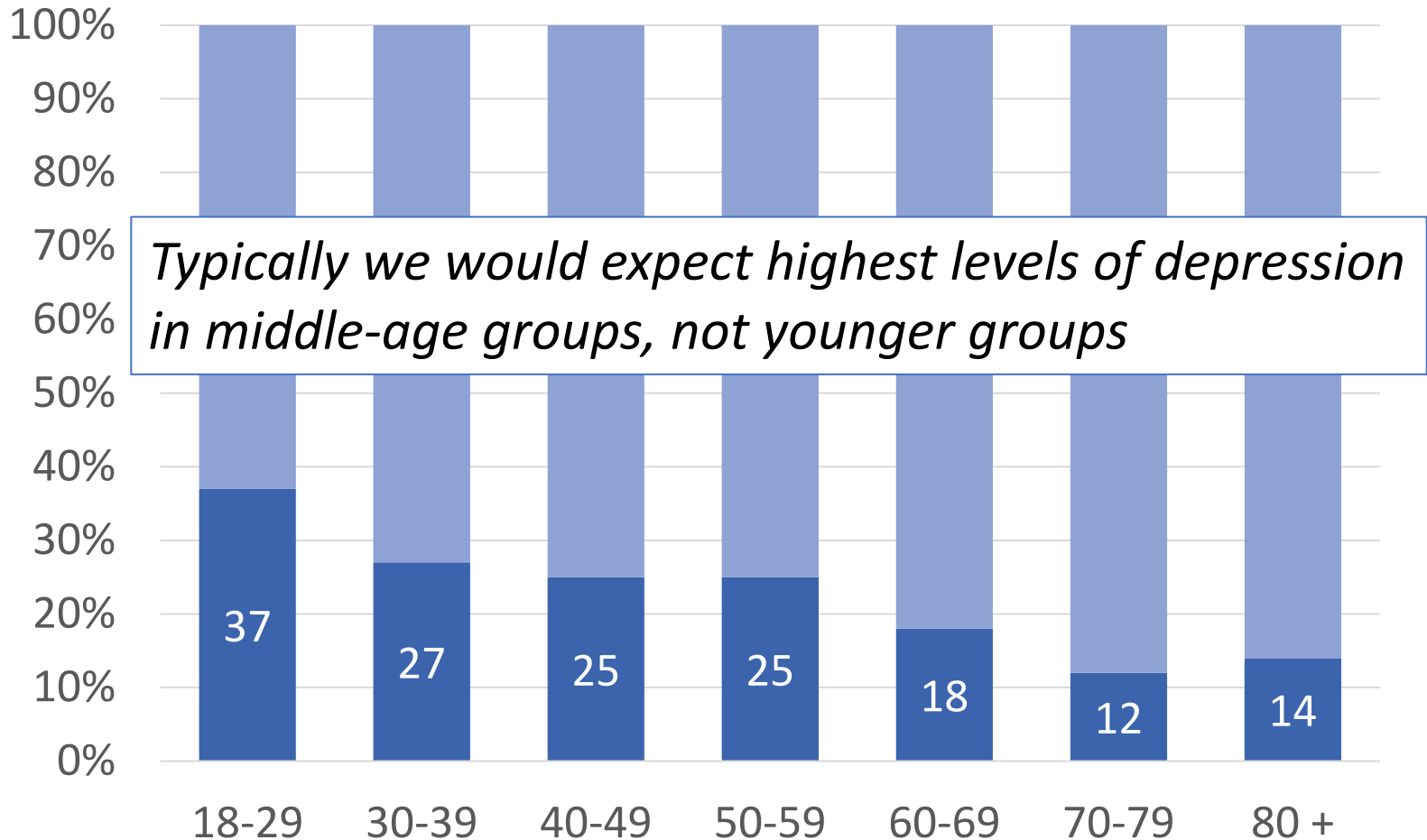
Percent with Symptoms of Depression *by Gender*



CDC/Census Bureau "Household Pulse Survey": May 14-19, 2020

<https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>

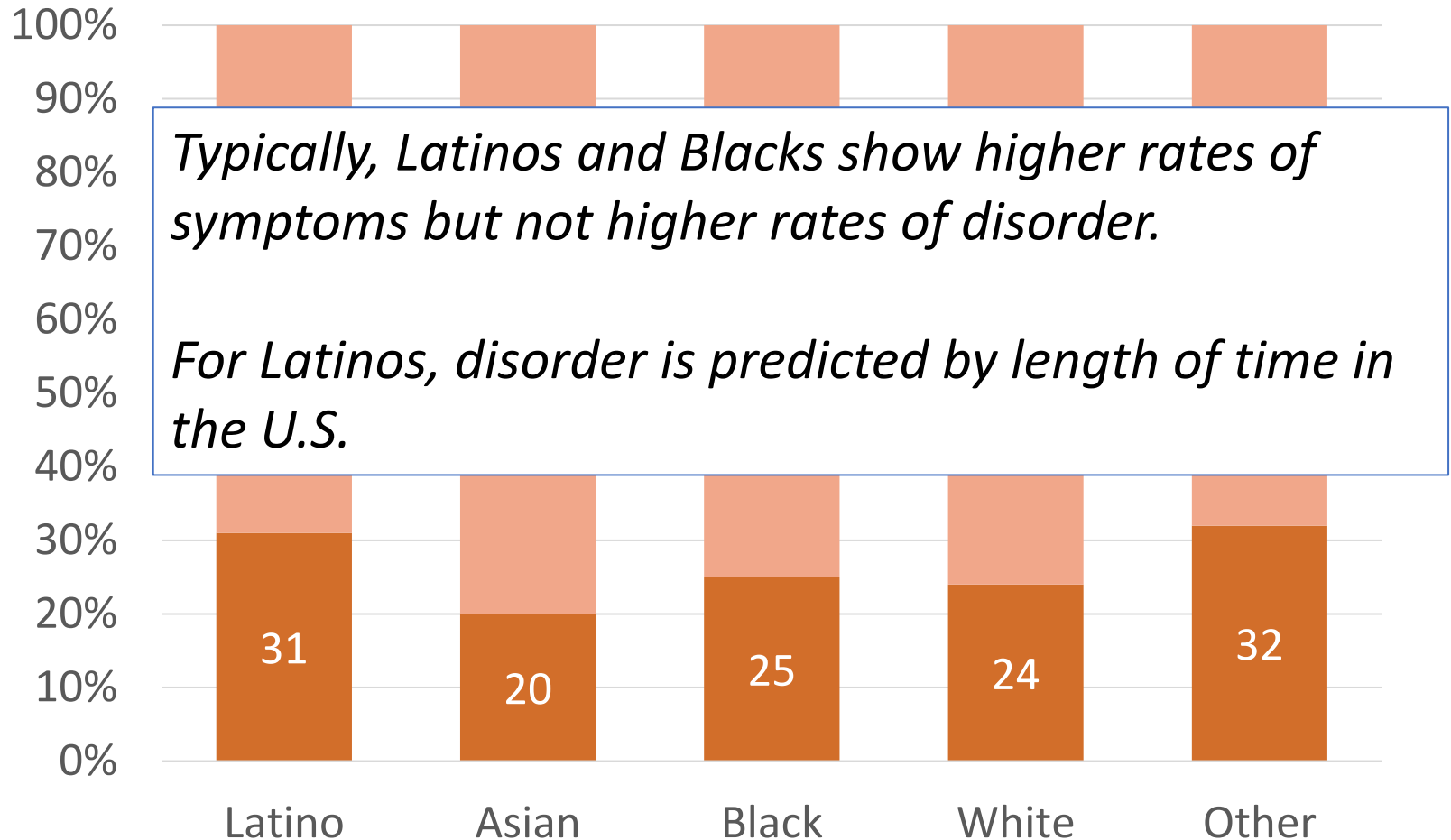
Percent with Symptoms of Depression *by Age*



CDC/Census Bureau "Household Pulse Survey": May 14-19, 2020

<https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>

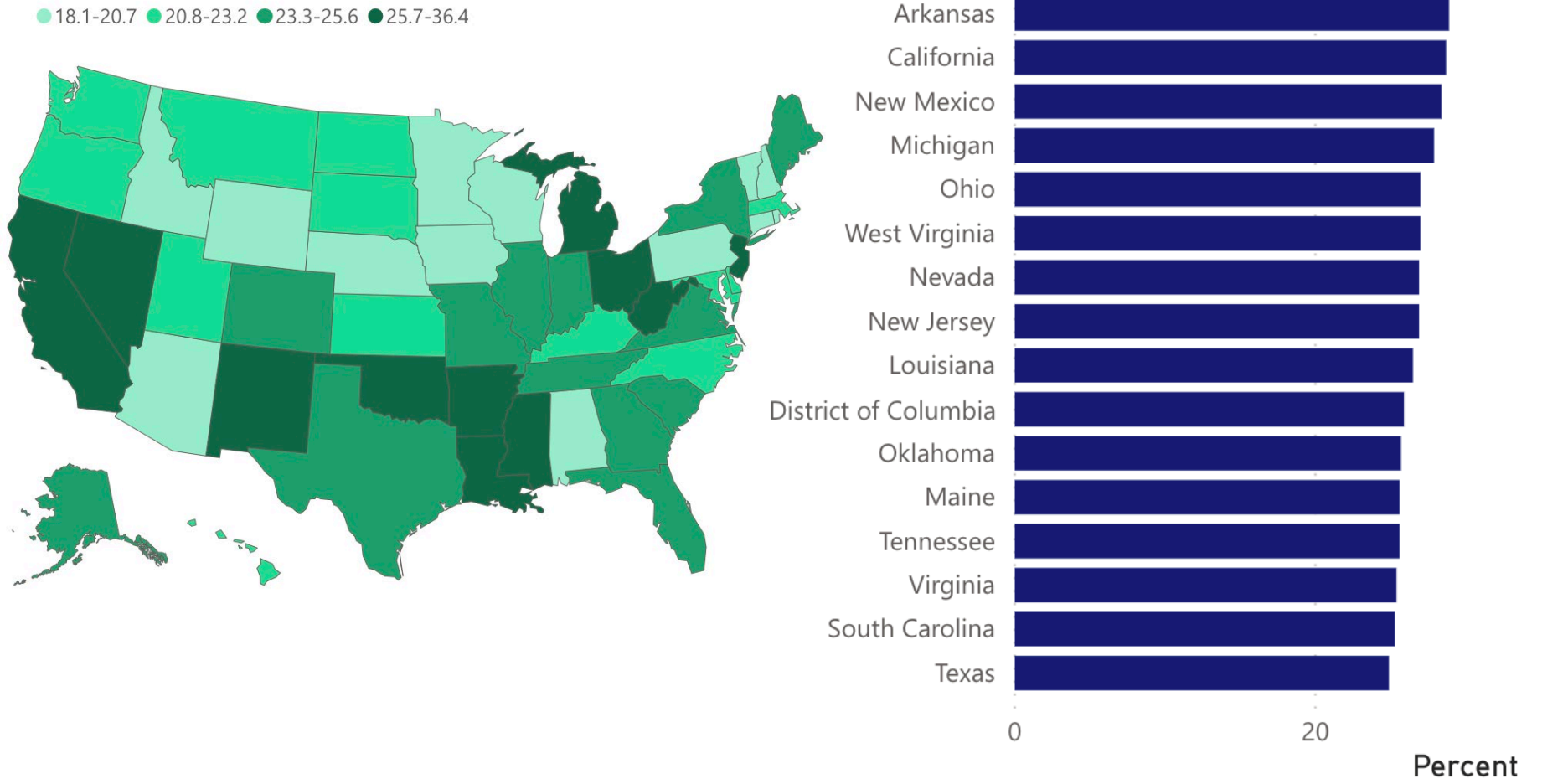
Percent with Symptoms of Depression *by Race*



CDC/Census Bureau “Household Pulse Survey”: May 14-19, 2020

<https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>

Percent with Symptoms of Depression *by State*



CDC/Census Bureau “Household Pulse Survey”: May 14-19, 2020

<https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>

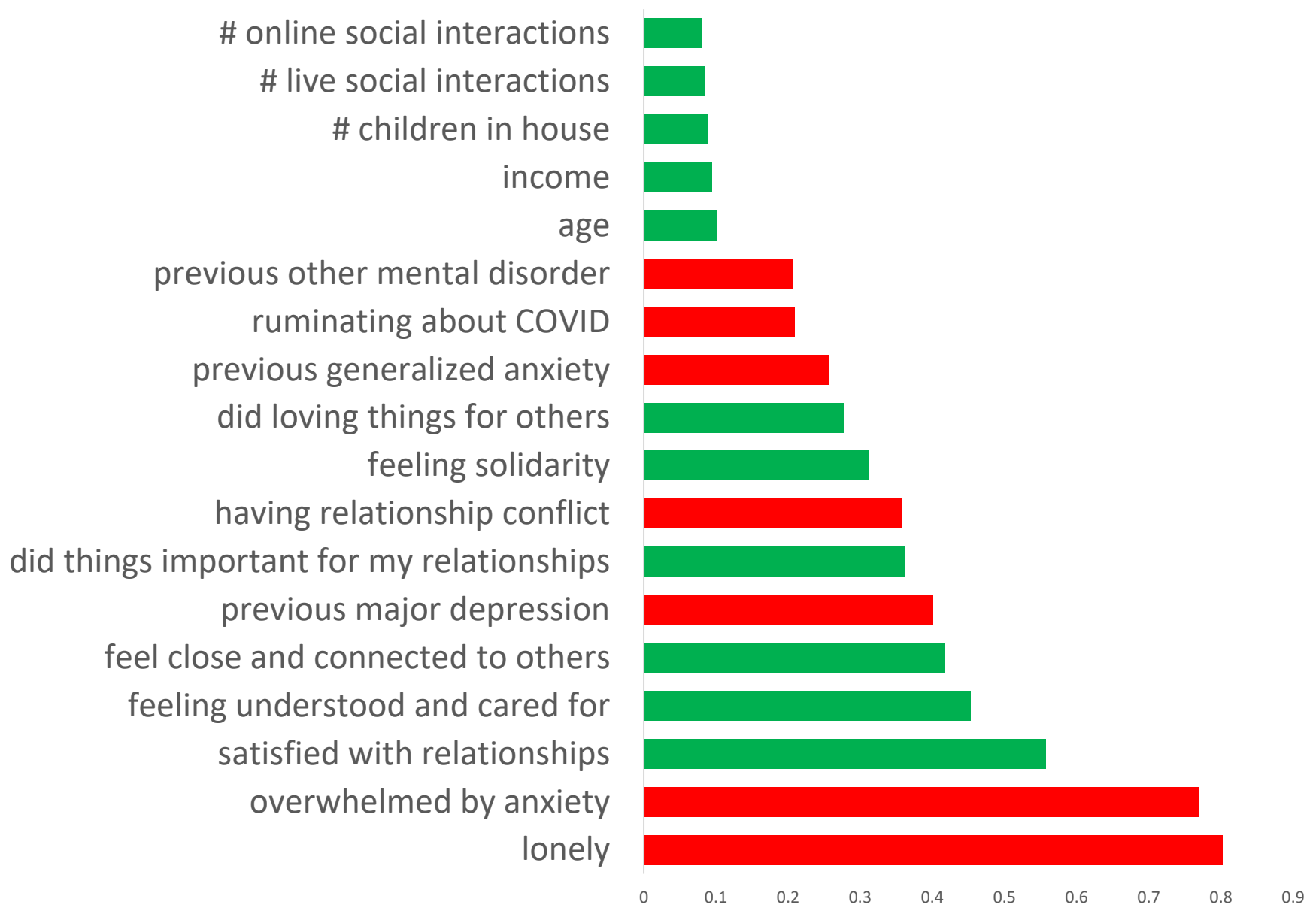
Percent with *Symptoms* of Depression

*Caution comparing these numbers to actual diagnoses;
rates of clinical diagnoses will be lower:*

Functional impairment?

One week versus two weeks?

Associations with depression? (N = 720; April, 2020; national sample)



Projected Suicides

- 1% increase in unemployment rate = 1.6% increase in yearly suicide rate
- Nationally = 775 additional suicides per 1% increase
- 20% increase in unemployment = 18,000 suicides

-- April 21, Meadows Mental Health Policy Institute (Texas):
<https://www.texasstateofmind.org/uploads/whitepapers/COVID-MHSUDImpacts.pdf>

Projected deaths of despair? Suicide, drugs, alcohol

Table. Possible Additional Deaths of COVID-19 Recession on Deaths of Despair, Alternative Scenarios

	Percent Change in Mortality with One Point Increase in Unemployment								
	1% increase			1.3% increase			1.6% increase		
	Slow	Medium	Fast	Slow	Medium	Fast	Slow	Medium	Fast
2020	9,859	9,333	8,343	12,817	12,133	10,846	15,774	14,932	13,349
2021	18,347	16,103	12,209	23,851	20,934	15,871	29,355	25,765	19,534
2022	15,879	11,840	5,832	20,642	15,392	7,581	25,406	18,944	9,331
2023	13,410	8,025	1,261	17,434	10,433	1,639	21,457	12,841	2,017
2024	10,394	3,973	-	13,512	5,164	-	16,630	6,356	-
2025	7,651	870	-	9,947	1,131	-	12,242	1,392	-
2026	7,103	316	-	9,234	411	-	11,365	506	-
2027	5,732	-	-	7,451	-	-	9,171	-	-
2028	4,086	-	-	5,312	-	-	6,538	-	-
2029	3,812	-	-	4,956	-	-	6,099	-	-
Total	96,273	50,460	27,644	125,155	65,598	35,937	154,037	80,735	44,230

Types of Recovery: Slow—Same as Great Recession; Medium—Twice as Fast; Fast—Four Times as fast.

Medium assumptions: 65,598 added deaths

The thing about projections...

Looking Forward: Best Practices

How we talk about depression matters:

“Character” talk?

“Biology” talk:

- Decreases stigma and blame
- Decreases most forms of help-seeking except anti-depressants
- Increases punitive behavior from others.

“Environment” talk:

- Decreases stigma and blame
- Increases help seeking and talking to others
- Fits how many minority groups conceptualize depression

Looking Forward: Best Practices

What science tells us about prevention programs?

- Multi-component depression programs decrease depression rates by 11%
- Simple “behavioral” pleasant events scheduling not effective
- Most effective: Coping skills
- Simple social support groups: Only effective for older adults

-- Jane-Llopis E, Hosman C, Jenkins R, et al. Predictors of efficacy in depression prevention programmes: meta-analysis. *Br J Psychiatry* 2003;183:384–97.

-- Stice, E., Shaw, H., Bohon, C., Marti, C. N., & Rohde, P. (2009). A meta-analytic review of depression prevention programs for children and adolescents: factors that predict magnitude of intervention effects. *Journal of consulting and clinical psychology*, 77(3), 486-503.
doi: [10.1037/a0015168](https://doi.org/10.1037/a0015168)

Looking Forward: Best Practices

Keep in mind the risk factors:

- Target stress, trauma, financial strain, social difficulties
- Teach mindfulness
- Promote exercise and healthy lifestyle options
- Increase coordination and connection to primary care
- Increase telehealth

Looking Forward: Best Practices

Specific groups to reach out to:

- Front line health-care workers
- Those who have experienced direct loss
- Those hit harder by financial crisis
- Those living alone or who have changed living situation

Looking Forward: Best Practices

Increase group treatment (including telehealth formats):

Consider Behavioral Activation:

<https://www.psychologytools.com/self-help/behavioral-activation/>

- Easier to train and implement as other treatments
- Effective
- Cross-culturally acceptable

-- Kanter, J. W., Puspitasari, A. J., Santos, M. M., & Nagy, G. A. (2012). Behavioural activation: history, evidence and promise. *The British Journal of Psychiatry*, 200(5), 361-363. doi: 10.1192/bjp.bp.111.103390

-- Kanter, J. W., & Puspitasari, A. J. (2016). Global dissemination and implementation of behavioural activation. *The Lancet*, 388(10047), 843-844.

Individual Strategies

- Validation and normalizing
- Hope
- Flexibility
- Mindfulness and acceptance
- Connect with values
- Engage in values-consistent actions

- The goal is not necessarily to feel better; the goal is to keep striving





Thank you. Questions?