



Evaluation Summary Santa Barbara County COVID-19 Community Impact Survey

Background and Objectives

Globally and nationally the COVID-19 pandemic has negatively affected many people’s mental health and created new challenges for people already suffering from mental illness and substance use disorders. In order to ascertain and respond to needs locally, the County of Santa Barbara, in partnership with community mental health and wellness partners and stakeholders, developed a survey and invited the whole community to respond. The County Board of Supervisors authorized the use of federal ARPA funding (American Rescue Plan Act) to: 1) to assess the mental and substance use needs resulting from COVID-19, and 2) to develop a plan to implement strategies to address identified priority service areas. Data gathered through the survey will be used to identify priority service needs and tailor services to meet the needs of community members.

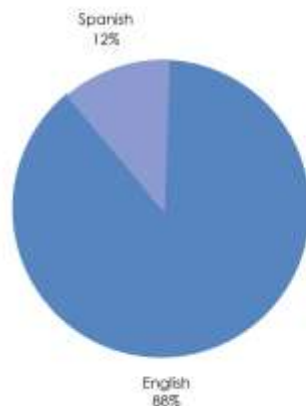
Participants

This descriptive study invited residents across the county to respond to a 10-15-minute survey. Over 4,731 surveys were completed online and 435 were completed in paper form through trusted outreach community service providers (see Figures 1 and 2). Over 100 additional community members participated in targeted focus groups. To gather diverse community input, broad outreach efforts across the county and in geographically isolated areas were implemented. The survey was made available in English and Spanish and was also conducted in the field by trusted outreach community survey providers for populations less likely to have access to an electronic survey. Field outreach providers were also able to translate the survey for Mixteco community members (see Figure 2).

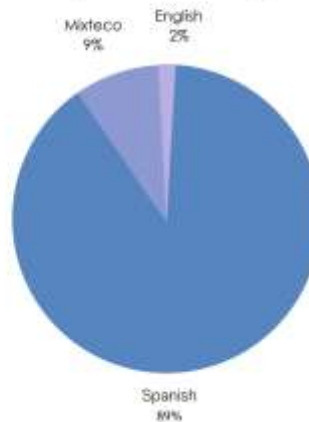
Figure 1. Total Surveys

Figure 2. Paper Surveys

Total Surveys



Paper Surveys



Survey Measures

The survey included socio-demographics (e.g., age, gender, housing status), mental health related symptoms, substance use, and mental health service utilization. Several standardized measures were administered including the Generalized Anxiety Disorder (GAD-2), and the Patient Health Questionnaire (PHQ-2). The GAD-2 is a self-administered measure designed to screen for generalized anxiety (Kroenke, Spitzer, Williams, Monahan & Lowe, 2007). The PHQ-2 is a self-administered measure designed to screen for depression symptoms as a “first step” approach (Kroenke, Spitzer, & Williams, 2003). Both these measures have been validated in diverse populations and across multiple languages including Spanish.

Statistical Analysis

Descriptive statistics for the entire community sample were calculated using frequencies and percentages for categorical data and by means and standard deviations for continuous variables. The scores of the questionnaires (PHQ-2 and GAD-2) were treated as continuous variables, clinical values of anxiety and depression, were derived based on the published cut-off points of the corresponding score. All statistical analyses were performed using IBM SPSS® software. Effects were considered statistically significant at $p < .05$.

Survey Results

Participant Demographic Information

Most participants identified as female (76%), followed by males (23%), non-binary (0.6%), and other (0.3%). Participants ranged in age, with most between 30-49 years (33%) and 50-69 years (39%). In terms of housing status, 13% considered themselves homeless at some point in their life and 10% considered themselves homeless at the time of this survey.

COVID-19 Community Impact

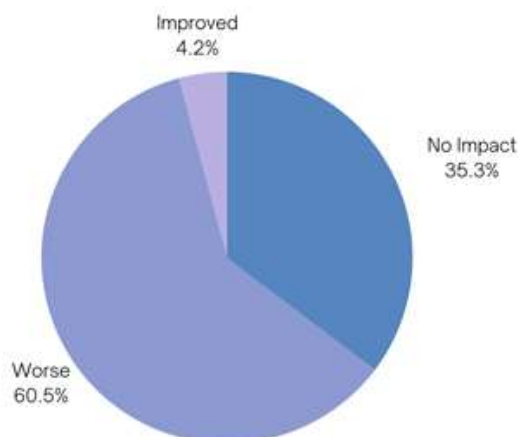
The COVID-19 pandemic has had a devastating impact on the lives of many Santa Barbara community residents. For example, results showed that that 42% had someone close to them diagnosed COVID-19, 21% had someone close to them with COVID-19 hospitalized, and 15% had someone close to them with COVID-19 die.

Change in Community Mental Health Needs

Mental Health Symptoms

Most (61%) participants reported worse mental health due to COVID-19, whereas 35% reported no impact, and a minority reported it improved (4%) (see Figure 3).

Figure 3. Mental Health Status



As measured by the PHQ-2, 21% were at or above the clinical cutoff for clinical depression (see Figure 4), indicating a need to monitor for the need for mental health services. As measured by the (GAD-2), 30% were at or above the clinical cutoff for anxiety (see Figure 5).

Figure 4. Depression symptoms

Depression measurement

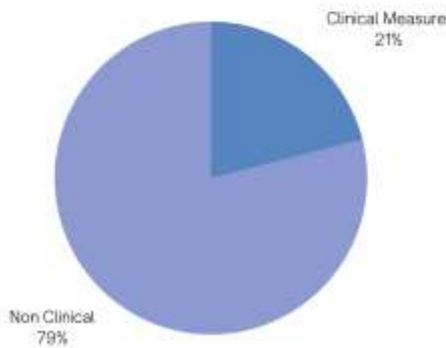
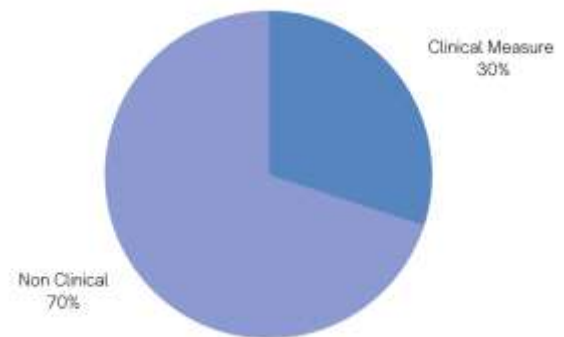


Figure 5. Anxiety symptoms

Anxiety measurement



Furthermore, 30% reported having been told that they had a depressive disorder, and 27% reported having previously been told that they had an anxiety disorder. (see Figure 6).

Figure 6. Ever been told they have Depression or Anxiety



Physical Health Symptoms

Research has consistently shown that mental health and physical health are closely connected and both anxiety and depression have been linked to physical health symptoms. As shown in Table 1, nearly 27% reported being bothered by feelings of being tired and having low energy and over 24% shared experiencing trouble sleeping, since the start of the pandemic.

Table 1. Participants' Physical Health Symptom Complaints

Symptom	Percent (%) "bothered a lot" by symptom
Feeling tired or having low energy	✓ 27% bothered a lot by feeling tired or having low energy
Trouble sleeping	✓ 24% bothered a lot by trouble sleeping
Pain in your arms, legs, or joints	✓ 18% bothered a lot by pain in arms, legs, or joints
Back Pain	✓ 17% bothered a lot by back pain
Chest pain or shortness of breath	✓ 4% bothered a lot by chest pain or shortness of breath

Alcohol and substance use

Many individuals experiencing mental health symptoms also report substance use, and vice versa. Numerous studies have documented an increase in substance use during moments of high stress in life. During the last 30 days, 65% reported consuming alcohol. On the days when they drank, 44% consumed 1 drink, 31% consumed 2 drinks, and 25% consumed 3 or more drinks. In terms of cannabis, 14% reported use on at least 1 occasion in the past 30 days.

Mental Health Service Use and Help Seeking Behavior

Similar to increased mental health symptoms, the pandemic impacted mental health service use. The use of mental health services increased from 23% from before to 27% after COVID-19, $p < .0001$. Although an increase in mental health symptoms and mental health service use were reported, challenges to seeking mental health services (e.g., stigma) were identified (see Table 2).

Table 2. Community Help Seeking Behavior

Percent (%) agreement with each statement.	
✓	41% agreed that they should handle problems on their own.
✓	24% agreed that if they had a problem they did not know who to go to for help.
✓	24% agreed that they would not want others to know they were meeting with a therapist.
✓	23% agreed that a therapist might not understand them or their challenges.
✓	18% agreed that if they had a problem, counseling would not help.
✓	17% agreed that they would be too embarrassed or scared to talk about it.
✓	17% agreed that they would not want their family to know they were meeting with a therapist.

Note. *Agree representing combined percentage of participants who agreed or strongly agreed.

Survey Qualitative Results

Participants were also asked to respond to open ended questions to assess the impact of COVID-19 on well-being (“How did COVID impact your wellbeing?”) and coping (“What helps when you have feelings of stress, anxiety, or depression?”). Qualitative key themes suggest that participants’ well-being was negatively impacted by feelings of isolation, COVID-19 exposure fears, family caregiving responsibilities, financial stress (e.g. job loss), and frustration due to loss of usual routine and to reduced social contacts. To cope with feelings of stress, anxiety, or depression, participants reported use of meditation, social support, and use of cognitive therapy tools. Results suggest that youth and families were particularly impacted by COVID-19. Some prominent factors included, closure of schools, reduced contact with peers, forced full-time cohabitation, with sharing time and spaces throughout all days.

Survey Conclusions

Consistent with current national mental health and substance use findings, since the start of the COVID-19 pandemic, mental health symptoms and substance use have increased. More specifically, approximately 61% of survey participants reported worse mental health due to the COVID-19 pandemic. Similarly, participants reported experiencing an increased level of anxiety and depression symptoms. Results indicate a need to monitor symptoms to assess the need for mental health services. Of note, qualitative survey themes suggest that quarantine periods have had a profound psychological impact on our community. Therefore, it is critical that we work together as a community to apply evidence-based strategies to support the mental health needs of across Santa Barbara County, particularly in vulnerable communities.

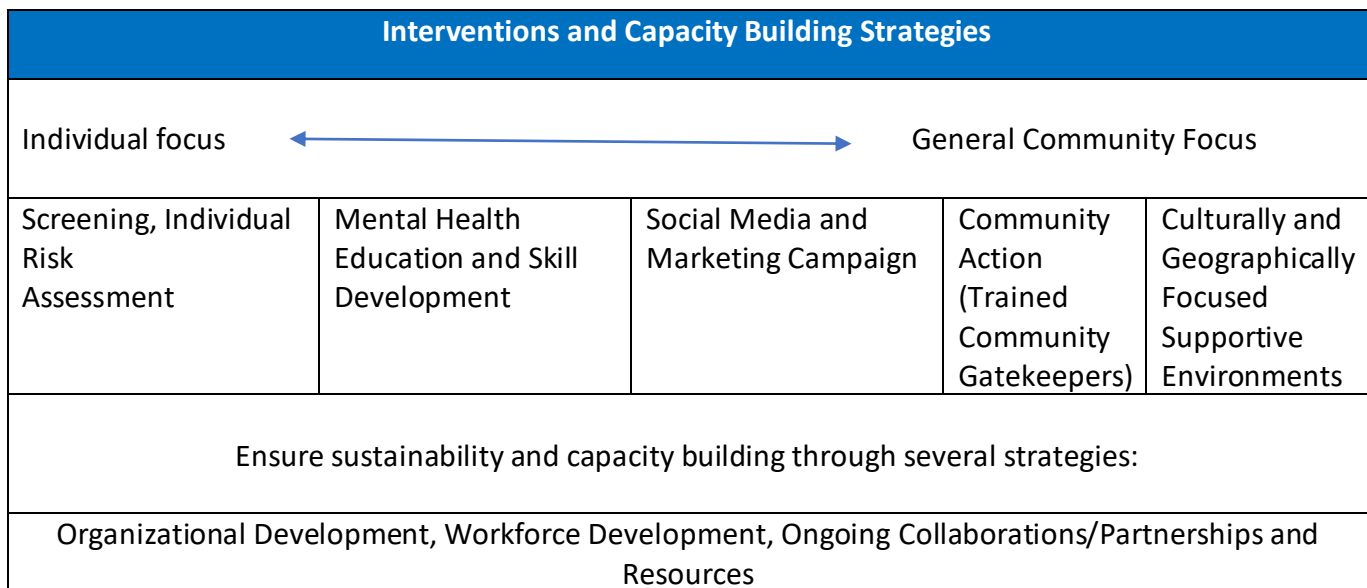
Planned Next Steps

Current efforts are also focused on performing secondary analyses that include examination of identified risk factors (e.g. traumatic life events, age, previous mental health diagnosis) and comparison of the experiences shared by English and Spanish participants as well as across age groups.

In addition to survey results, community stakeholder input across the community assessment process. Current community planning efforts are underway to develop and implement strategies to address key priority service need areas identified in the community needs assessment survey. The key themes that the community shared through the survey process which included countywide focus groups, were:

1. **Social Connection Opportunities.** Easy ways to interact with people (groups, activities). Opportunities to share stories. Enhance the existing connections in the community and link people to resources they would not have access to or be aware of, otherwise.
2. **Accessibility to Resources.** Easy and quick access to mental health services and supports.
3. **Education and Stigma Reduction.** Education on symptoms, coping strategies and how to access services in a way that reduces stigma.
4. **Variety of Accessible Services and Supports.** Range of therapy, groups, activities, faith-based supports and community members trained to talk to people and know about resources.

It is also recognized that various components of an overall framework are needed to meet the range of individual and community needs which currently exist, while ensuring sustainability, capacity building and effectiveness of interventions. The below diagram helps to articulate.



References

- Kroenke, K., Spitzer R. L. Williams, J. B., Monahan, P. O., & Lowe, B. (2007). Anxiety disorders in primary care: prevalence, impairment, comorbidity, and detection. *Ann Intern Med.* 146, 317-25.
- Kroenke, K., Spitzer, R. L., & Williams, J. B. (2003). The Patient Health Questionnaire-2: Validity of a Two-Item Depression Screener. *Medical Care*, 41(1), 1284-92.