

Measuring Mental Health and Well-being Duringthe Pandemic

Collaborators of the Psychology of Hope and Well-being Research Lab @DLSU

De La Salle University

- Araceli Balajadi-Alcala
- Simon Alvarez
- John Benzon Aruta
- Christine Ballada
- Ces Cheung
- Angela Cunanan
- Meniah Galanza
- Nino Mateo
- Rene Nob

- Ron Resurreccion
- Patricia Simon
- Ma. Caridad Tarroja
- Homer Yabut

Saint Louis University

- Peejay Bengwasan
- Sally Maximo

Holy Angel University

Arvin Teopaco

DLS-College of St Benilde

Roxanne Ibalobor

Education University of Hong Kong

Norman Mendoza

LifeRisks, Inc.

Wilzon Dizon

The Cohen Clinic, Canada

Jay Enrique Saplala

Mental health experts: Effects of COVID-19 stress enter second year

Science News

COVID-19 pandemic may have incissues within families

Date: April 13, 2021

Source: Penn State

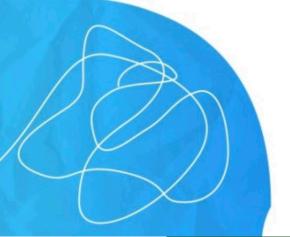
denly isolated together at home. A year later, new research has linked this period with a

variety of large, detrimental effects on individuals' and families' well-being and

functioning.

PANDEMIC FUELS MENTAL HEALTH CHALLENGES

As the COVID-19 pandemic entered its second year in late March, a regional mental health survey reported widespread effects of anxiety. The Woodlands area therapists and nonprofits have reported increased demand for mental health services amid job loss and other stressors.



How the COVID-19 pandemic is affecting mental health

The World Health Organization has warned the coronavirus pandemic could have a years-long effect on mental health.



24/7 NCMH Crisis Hotline STATISTICS



NCMH CRISIS HOTLINE					
2021	TOTAL CALLS	SUICIDE- RELATED CALLS			
JANUARY	1089	309			
FEBRUARY	1126	311			
MARCH 1-15	791	247			
TOTAL	3006	867			











84% OF PINOYS STRESSED BY COVID-19 PANDEMIC

The survey, conducted from July 3 to 6, found that 86 percent of Filipinos said the COVID-19 pandemic brought them stress—51 percent "great stress," a slight decline from the 55 percent in May and 35 percent "much stress," which hardly changed from 34 percent.



INQUIRER.NET

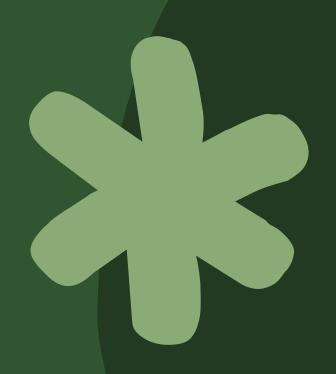


86% OF ADULT FILIPINOS STRESSED BY PANDEMIC —SWS

The coronavirus disease 2019 (COVID-19) pandemic has brought stress to 86% of adult Filipinos, a Social Weather Stations survey found. In its September 17-20, 2020 national mobile phone survey, SWS discovered that 58% of adult Filipinos experienced "great stress," while 27% had "much stress," due to the virus. Only 15% felt little or no stress. It also found that 30.7% or an estimated 7.6 million Filipinos experienced hunger. This was up by 9.8 points from 20.9% in July.







Measuring mental health: Challenges

- Diagnosis: mental health professionals rely on more complex system of assessment for diagnosis
- Screening: check of symptoms that might indicate likelihood of psychological disorders
- Prevalence: plan and allocate mental health services and resources (i.e., Tier 2 and 3 services)
- Some sectors: universal mental health screening
- Useful even before or after the pandemic

Tripartite model of anxiety and depression (common psychological symptoms)

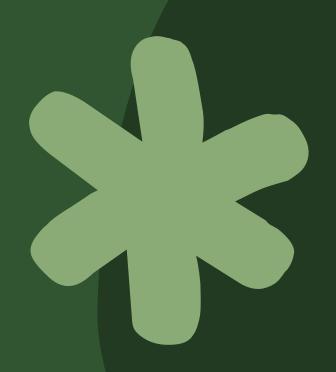
DASS-21 (Lovibond & Lovibond, 1995)

Low participation	oositive t	DASS- Depression	Feeling meaningless, down-hearted, difficult to work up initiative to do things, unable to be enthusiastic, etc.
	ological rarousal	DASS- Anxiety	Feeling excessive rapid breathing (difficulty), scared without a reason, dryness of mouth, panic, trembling, difficulty winding down
Nega affect		DASS- Stress	Feeling touchy, intolerant, agitated, difficult to relax, tending to over-react to situations

Tee et al. (2020). *J Affective Disorders*N = 1879 (non-representative sample of adults)

Depression Anxiety Stress Scale (DASS-21; Lovibond & Lovibond 1995)

	DEPRESSION	ANXIETY	STRESS
Normal	1338 (71.2%)	1157 (61.6%)	1131 (60.2%)
Mild	224 (11.9%)	181 (9.6%)	496 (26.4%)
Moderate	239 (12.7%)	333 (17.7%)	179 (9.5%)
Severe to Extremely Severe	78 (4.2%)	208 (11.1%)	73 (3.9%)



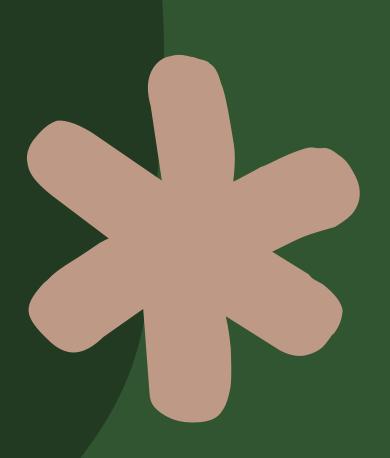
Some Limitations

- Highly educated sample
- Use of English language
- Screening of symptoms with other sectors of our Philippine population

Project:

Translate and validate DASS-21 into different Philippine languages

- Filipino (Tagalog), Cebuano, Ilocano, Hiligaynon, and Kapampangan
- The ITC Guidelines for Translating and Adapting Tests (Second edition, 2017)
 - Independent translation and committee review
 - External audit/review
 - Pilot with FGD
 - Validation study



Project:

Translate and validate DASS-21 into different Philippine languages

- Some items that were difficult to translate
 - I felt down-hearted and blue (D)
 - I found it hard to wind down (A)
 - I experienced breathing difficulty (e.g., excessive rapid breathing)
 - I was aware of dryness of my mouth (A)
 - I felt that I was rather touchy (S)
 - I tended to over-react to situations (S)
 - I found myself getting agitated (S)
 - I felt that I was using a lot of nervous energy (S)

Project: Validate DASS-21 into different Philippine languages

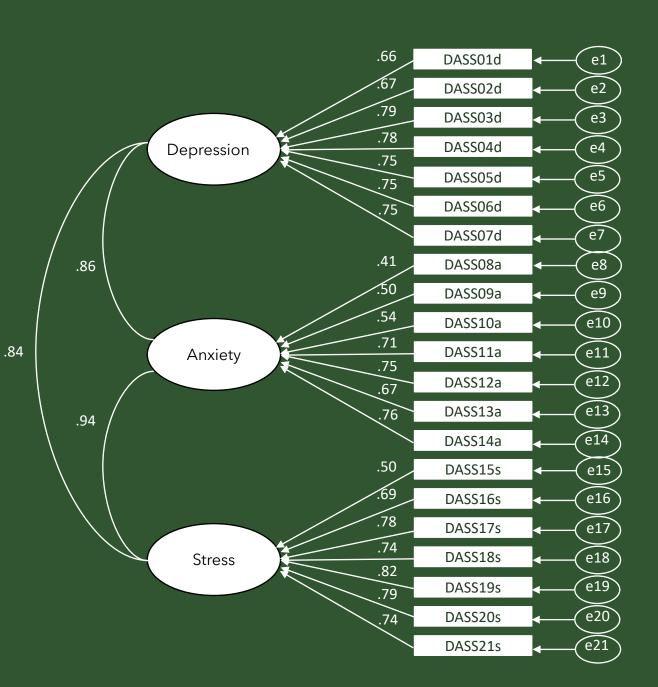


- Structural validation : Used confirmatory factor analysis to test three-factor model
- Established criterion validity using other measures of anxiety, depression, positive and negative affect, well-being

Cebuano translation

Confirmatory Factor Analysis Fit indexes

- $\chi^2(181) = 661.49, p < .001$
- $\chi^2/df = 3.65$
- RMSEA = .08 (90% CI: .07, .09)
- SRMR .05
- CFI = .91
- TLI = .90



DASS-Depression symptoms

	Tee et al. (2020) English	Translation studies total	Filipino	Cebuano	Ilokano	Kapam- pangan	Hiligay- non
Normal	1338	1462	286	182	513	229	252
	(71.2%)	(55.2%)	(42.0%)	(44.4%)	(76.8%)	(47.4%)	(62.4%)
Mild	224	336	93	57	55	79	52
	(11.9%)	(12.7%)	(13.7%)	(13.9%)	(8.2%)	(16.4%)	(12.9%)
Moderate	239	433	140	88	63	87	55
	(12.7%)	(16.4%)	(20.6%)	(21.5%)	(9.4%)	(18.0%)	(13.6%)
Severe	78	183	75	29	20	40	19
	(4.2%)	(6.9%)	(11.0%)	(7.1%)	(3.0%)	(8.3%)	(4.7%)
Extremely		232	87	54	17	48	26
Severe		(8.8%)	(12.8%)	(13.2%)	(2.5%)	(9.9%)	(6.4%)
TOTAL	1879	2646	681	410	668	483	404

DASS-Anxiety symptoms

	Tee et al. (2020)	Translation studies				Kapam-	Hiligay-
	English	total	Filipino	Cebuano	Ilokano	pangan	non
Normal	1157	1484	267	215	491	255	256
	(61.6%)	(56.1%)	(39.2%)	(52.4%)	(73.5%)	(52.8%)	(63.4%)
Mild	181	235	52	31	43	74	35
	(9.6%)	(8.9%)	(7.6%)	(7.6%)	(6.4%)	(15.3%)	(8.7%)
Moderate	333	423	135	69	65	101	53
	(17.7%)	(16.0%)	(19.8%)	(16.8%)	(9.7%)	(20.9%)	(13.1%)
Severe	208	183	73	33	31	27	19
	(11.1%)	(6.9%)	(10.7%)	(8.0%)	(4.6%)	(5.6%)	(4.7%)
Extremely		321	154	62	38	26	41
Severe		(12.1%)	(22.6%)	(15.1%)	(5.7%)	(5.4%)	(10.2%)
TOTAL	1879	2646	681	410	668	483	404

DASS-Stress symptoms

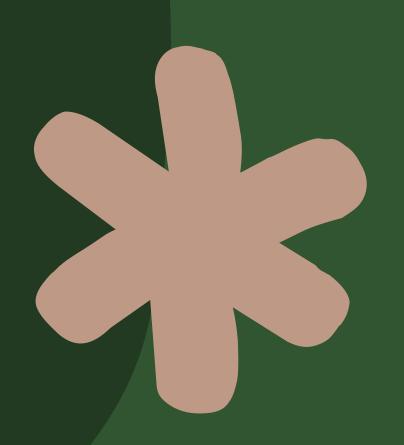
	Tee et al. (2020) English	Translation studies total	Filipino	Cebuano	Ilokano	Kapam- pangan	Hiligay- non
Normal	1131		375	237	551	300	308
	(60.2%)		(55.1%)	(57.8%)	(82.5%)	(62.1%)	(76.2%)
Mild	496	242	77	46	44	50	25
	(26.4%)	(9.1%)	(11.3%)	(11.2%)	(6.6%)	(10.4%)	(6.2%)
Moderate	179	301	101	57	37	72	34
	(9.5%)	(11.4%)	(14.8%)	(13.9%)	(5.5%)	(14.9%)	(8.4%)
Severe	73	223	85	45	27	44	22
	(3.9%)	(8.4%)	(12.5%)	(5.9%)	(4.0%)	(9.1%)	(5.4%)
Extremely		109	43	25	9	17	15
Severe		(4.1%)	(6.3%)	(6.1%)	(1.4%)	(3.5%)	(3.7%)
TOTAL	1879	2646	681	410	668	483	404

Some observations

- More severe and extremely severe symptoms were reported in the Philippine language versions of DASS-21 (compared to English version)
- Surveys done over different months in 2020
- Sample is more diverse in Philippine language studies
- Symptoms seem to be more severe in areas where COVID-19 infection rates and quarantine conditions were more severe

Some implications

- Viability of DASS-21 in different major languages as a mental health screening tool
- Not just during the pandemic, but in other times
- Philippine translations also lend themselves to oral administration of the screening tool
- Need translations in other major Philippine languages that also need to be validated





During the first months of the COVID-19 pandemic...

- Filipino clinical psychologists:
 observing very specific symptoms
 being reported by their clients
- Develop an anxiety scale intended to pick up on symptoms beyond symptoms of general anxiety (e.g., DASS-Anxiety)

Scale development

Generation of candidate items (529 items)

Reduction of items (175 items, then 21 items)

Expert review (17 items)

Pilot testing with focus group discussion

Final draft of scale

Validation of the scale

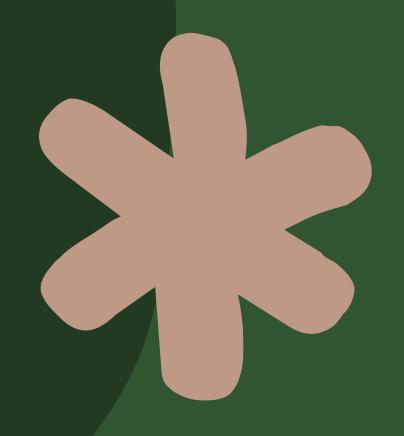
Exploratory factor analysis:

- Could not obtain data on 4 items that referred to symptoms experienced outside the home
- 11 items loaded into 2 factors (somatic and nonsomatic); 2 items did not meet criteria for loading (.50 in factor, no loading of .15 in other factor)

Confirmatory factor analysis:

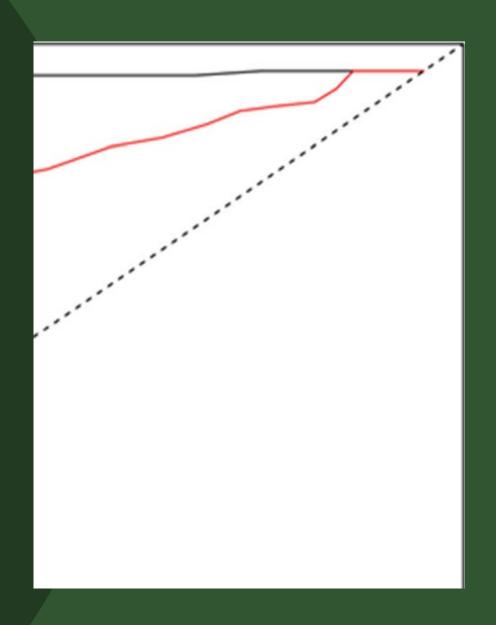
- Good fit with 2-factor model, each factor with high internal consistency
- Good criterion validity:
 - stronger correlation with GAD-7 than PHQ-9 and negative affect
 - Better predictor of GAD-7 & PHQ-9 than Fear of Covid Scale

Validation study



Coronavirus Pandemic Anxiety Scale (CPAS-11)

Screening accuracy: maximum balance between sensitivity (83.6%) and specificity (81.5%) was achieved at the optimal CPAS-11 cutoff score of 15



Comparison of Screening Measures of Anxiety

MEASURE OF ANXIETY	% SEVERE ANXIETY
CPAS-11 (Bernardo et al., 2020)	29.19%
GAD-7 (Bernardo & Mendoza, 2020)	13.84%
DASS-21 (Tee et al., 2020)	11.07%
DASS-21 Filipino translations	19.05%

*CPAS-11 may be screening anxiety symptoms that generalized measures of anxiety are not screening.

Free-access to scales for research purposes and for other non-commercial purposes

- Bernardo, A. B. I., Mendoza, N. B., Simon, P. D., Cunanan, A. L. P., Dizon, J. I. W. T., Tarroja, M. C. H., Balajadia-Alcala, M. A., & Saplala, J. E. G. (2020). Coronavirus Pandemic Anxiety Scale (CPAS-11): Development and initial validation. *Current Psychology*. https://doi.org/10.1007/s12144-020-01193-2
- Currently doing further validation studies, including validation of the CPAS-15.
- The different language translations of the DASS-21 will be available in the HopeLab@DLSU website after the validation studies are published.

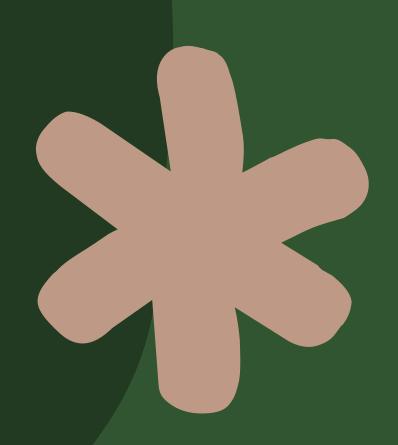


Assessing mental health during the pandemic and beyond

- We have viable scales to screen for psychological symptoms in different linguistic groups
- Translations can be used in written or oral forms, in online forms even chatbots
- Screening is NOT diagnosis
- Screening can be a tool for mental health awareness (Tier 1) and towards efficient allocation of mental health services (Tier 2 & 3)

Assessing mental health during the pandemic and beyond

- Need a system for screening for these symptoms
 - Universal screening might be difficult and ethically problematic
 - But vulnerable sectors might benefit from some form of universal screening (e.g., adolescents & young adults; high risk work sectors; displaced workers; displaced communities; disaster survivor communities)



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Thank you for listening!