Depression Amid Covid-19

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Thursday, October 8 is National Depression Screening Day. It takes place when this country continues to grapple with COVID-19, and according to an article published in the September issue of the JAMA Open Network, the virus has tripled the rate of adult depression in all demographic groups throughout the United States (1).

The study looked at 1441 individuals who responded during the current COVID-19 pandemic and compared their responses against 5065 respondents from before the pandemic. Results: depression symptom prevalence is three-times higher now than before the pandemic began. The study also found that having lower income, less than $5000 in savings, and having exposure to more stressors were associated with a greater risk of depression symptoms.

According to the study, “The results showed that 27.8% of adults reported depression symptoms, in contrast with 8.5% before the pandemic. Increases were higher across the spectrum of depression severity, from mild (24.6% vs 16.2% before the pandemic) to severe (5.1% vs 0.7%).”

This study goes on to identify these conclusions:

- “These findings suggest that there is a high burden of depression symptoms in the US associated with the COVID-19 pandemic and that this burden falls disproportionately on individuals who are already at increased risk;”
- “Individuals with lower social resources, lower economic resources, and greater exposure to stressors (e.g., job loss) reported a greater burden of depression symptoms. Post–COVID-19 plans should account for the probable increase in mental illness to come, particularly among at-risk populations.”

These conditions make methods for identifying and dealing with depression more important than ever. Fortunately, there is an Evidence-Based tool available to begin addressing this. According to a July 2020 article published in Frontiers in Public Health (2), a tool “appropriate for Covid-19 time “ is the Program to Encourage Active, Rewarding Lives (PEARLS). The article goes on to state:

“In March 2020, when shelter-at-home orders and other public health guidelines required social service agencies to provide care remotely, PEARLS organizations began offering PEARLS by phone or video-conferencing plus mailed materials (i.e., TelePEARLS) based on organizational,
provider and participant accessibility, feasibility, and appropriateness. Older PEARLS participants are benefiting from PEARLS calls to:

(1) get emotional, social, and instrumental support;
(2) identify new ways of connecting socially in physically distanced times; and
(3) learn new skills to reduce anxiety, depression, and stress as well as feelings of social isolation and loneliness.

This suggests that virtual delivery of Evidence-Based programs like PEARLS can reach older marginalized persons to manage chronic physical and mental health conditions, access up-to-date COVID-19 information and essential services, such as food and medications, and feel more connected in times of physical distancing.”

PEARLS is an Evidence-Based program associated with the Evidence-Based Leadership Collaborative, designed to be part of existing community-based agencies that deliver care and provide resources to older adults. The program is provided at home, which overcomes limitations in ambulation or transportation that are common in the populations it serves.

By providing “house calls” for depression, trained agency staff (called PEARLS counselors or coaches) teaches participants skills to help them more effectively tackle the things in their lives that overwhelm them, and to in turn, improve their depressive symptoms.

PEARLS is delivered in 6 to 8 one-hour visits over the course of a 4-to 5-month period, with sessions tapered from weekly to monthly to give participants an opportunity to practice and learn the skills. PEARLS cases are reviewed regularly by a supervising psychiatrist who can also address other causes of depression and, when necessary, work with the client’s primary care provider to begin or adjust medication treatments.

For individuals with major depression, the initiation of antidepressant medications can be an important treatment component of the PEARLS Program. PEARLS is currently being disseminated by the University of Washington’s Health Promotion Research Center where Lesley Steinman, MSW, MPH is leading this work.

To learn more about PEARLS, please visit the EBLC dossier at:

http://www.eblcprograms.org/docs/pdfs/PEARLS_Dossier.pdf

Links to sources:

(1) https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2770146