

Title: APA Town Hall: Addressing Stress in America and APA's Role in This Reality

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APA's Alissa Fogg: Welcome everyone to today's APA Town Hall on Stress in America and APA's Role in this Emerging Reality. Thanks to so many of you for registering and joining. I believe we had over 1,000 people register for today, so clearly a topic on many of your minds. I'm pleased to introduce our hosts for today's conversation APA President Dr. Jennifer F. Kelly and APA's CEO Dr. Arthur Evans. They're joined today by special guest Dr. Helen L. Coons who is the current president of Division 38, which represents health psychology. With no further ado let's get this discussion started and Dr. Kelly, I'd like to turn it over to you.

Dr. Jennifer F. Kelly: Well, greetings, colleagues and friends. I want to welcome you to this webinar. We're going to be talking about stress in America. I'm going to start by giving an overview of how we got to the data that we have and then I will give an overview of the significant information that we obtained from this survey. The survey was conducted online within the United States by the Harris Poll on behalf of APA. It was conducted February the 19th and the 24th. It was a survey of over 3,000 adults, 3,013, who were 18 years and older. It reflected the US census borough data. That's the information that we have.

We do this stress in America survey every year, and this where we are right now. Next slide, please. We knew that people in America were really experiencing stress and that we were not as prepared to see just the amount of stress that we are experiencing here in America. What we found is that 84% of the respondents reported feeling at least one emotion that's associated with stress over a prolonged period of time whether it's anxiety, sadness, anger, depression. The other thing that we found is that there were some subgroups of our population that are having much more difficulty with stress than others.

We're talking about parents with children under 18 years of age. We're talking about the people of color, essential workers, that Dr. Coons will be addressing, and Gen Z adults. They're having much more difficulty than the general population in terms of managing this stress. Next slide, please. What we find is that the things that you would do to really cope with stress and anxiety, depression is that, this is what we're not doing. What we are finding is that there are undesired changes in weight and you could see that there was an average weight gain of over 29 pounds and average weight loss of 26 pounds.

Remember that this is undesired weight changes. 42% of the population reported gaining weight and 18% lost weight. People are not sleeping well also. We had 67% or two out of three Americans reporting having either increases or decreases in their sleep since the pandemic started. Alcohol consumption. We are finding that one in four adults are drinking more alcohol as a way of coping with the stress that they are experiencing. The other one is the decrease activity level, decrease exercise. 53% of adults are less physically active than they were during the pandemic.

You know that in order to manage stress, you need to eat right, exercise, get sleep, and avoid the use of alcohol. These are the things that we're not doing and so we're

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having more stress. Next slide, please. What we are finding is that there are especially difficulties within the people of color population. It's had a disproportionate impact on communities of color. We're finding that the Latinx adults were more likely to report undesired changes in sleep, physical activity levels, and weight than the other groups. This is followed by the Blacks which is 84%. The Latinx was 87% and the Blacks were 84%. We're finding that the Black Americans are much more likely to have concern about the future. What's going to happen to us?

They do not feel getting back to their normal life than they did before the pandemic began. We had two in three Black and Latinx adults said that they could really have used much more emotional support than they received during the pandemic started. That's compared to 55% of White and 50% of Asian adults who said the same. Next slide, please. Now, this is a slide that I really wanted to show you. It was developed by Dr. Dan Bronze. Alisa, could you get the other slide with the arrow too. This one takes the most recent data from the CDC National Vital Statistics System and it's usually about six months behind.

On top of the CDC data, opioid data, we have the COVID timeline. The lockdown started around the end of March, each dot represents a month. What you see is over the extended period of time, there was really no change in the opioid death. That was from May of 2019 to about 2020, then you start seeing the opioid mortality increasing by 4.3%. For one month to increase the yearly average by 4%, that month had to be really a huge increase. Around 50% increased mortality. You can see that that is a really significant piece of data. You could see how it's on the rise in terms of the opioid death since the stay-at-home order. Thank you and next slide, please.

Dr. Arthur C. Evans, Jr.: Thank you, Jennifer. I'm going to talk a little bit about what APA is doing. You heard from Jennifer in terms of the widespread impact that the pandemic has had on people's mental health. As you probably know, APA has been very involved in trying to help the nation address this issue. First slide, what I want to do is first start with conceptually, as good psychologists, we always have to have a conceptual framework. I want to share with you the framework that we're using to guide our work at APA, but I want to start first with talking about our current approach to treatment and some of the things that are not always apparent as we think about particularly people's know-how.

This slide essentially shows that our current treatment approach is one in which we divide the population basically into two groups. One, those people who have a diagnosable condition. Those are the 20% and above and then 75% of the population roughly who don't have a diagnosable mental health condition. For those who are above the line, they have access to healthcare, they have access to interventions. That's usually where we focus. There are three things that I want to point out about our current approach that are problematic, especially given what we've seen with the widespread stress that people are experiencing and psychological distress that we're seeing in the population.

The first is that above the line for those who are diagnosed, we almost always refer those individuals to seek out treatment, to seek out care, whether it's a clinic or private practice, or whatever the setting is. We know that only about half of the people who have a mental health diagnosis will actually seek out treatment. That for

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some groups it's even a much larger percentage of people of those groups, particularly minority groups, who are actually accessing care. The first problem is that many of the people that have a need are not getting help.

Secondly, that we know that as psychologists that mental health issues are really on a continuum. They're not dichotomous and we know that many of the people in the 75% have conditions that are subclinical but could warrant some intervention. Then the third point that I want to point out is that many of the people who are in the 75% today will be in the 25% tomorrow. Because of the way our healthcare system is set up, we don't use that opportunity when people have lower-level issues to intervene. Almost many people in many communities almost have to be in crisis before they can get help. That's the current system.

Next slide. I want to point out a couple of other things. We also know that when it comes to our health in general, that healthcare actually accounts for only about 10% of the variants in our health status, that our lifestyle and behavior, environment, biology have a much greater impact, yet we spend a lot of our energy and time on the healthcare sliver of this pie. In fact, this year we'll spend, and most years, last year as well, we'll spend over \$3 trillion on something that accounts for 10% of the variance. Often, we ignore those other factors that can have a profound impact on people's mental health status. Next slide.

For example, we know that social determinants like education, income, having housing, those kinds of things can have an impact on people's mental health status. We're really rethinking how we approach the way we at APA can actually have impact on people's mental health. Next slide. I want to take that first slide and let's divide it a little bit differently. Let's divide it into thirds. This is a simplistic way of understanding the population, but I think it's useful in helping to shape how we approach our work. The 25% being the diagnosed part of the population, but we also know that there are people at greater risk of having mental health challenges that are in the middle of the pyramid.

Then there are people who are generally healthy. They don't really have significant issues. They may be experiencing a lot of stress, but they're functioning quite well. What you heard from Jennifer is that middle group has a number of folks in it that actually could warrant intervention, even though they're not in the diagnosable category. Our approach, which we talk about as a population approach, and all that means is rather than only focusing on people who have a diagnosis, that top 25%, we're looking at the entire continuum of need within the population. Here are our goals. I'm going to give you examples in each one of these tiers of the kind of work that APA is doing.

In the top tier, we believe that our goal is to make sure that people are getting effective and efficient clinical care. You will have seen, during the pandemic especially, we've put a lot of emphasis on telehealth, particularly audio telehealth, because we know that certain communities, particularly in rural and frontier parts of the country, don't have access to broadband, but we wanted to make sure that those individuals have access to good care. We've put a lot of emphasis on what are the things that we can advocate for as an association to make sure that people have access to care.

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We're also doing a number of other things, continue to do our work in terms of making sure that the procedural codes that psychologists can build for that we continue to expand those, particularly codes that allow us to do more preventative or early intervention kind of work. That work continues making sure that people have access to good care, but we're also being very systematic about identifying groups who are at much greater risk. You're going to hear from Dr. Coons in a moment about work that we're doing, especially in the healthcare arena because we know that essential workers are one of those really high-risk routes.

We know that younger people are at much greater risk than older people. We know that communities of color are at much greater risk than other groups. We know that people who are parents are under a lot more stress than adults who are not parents, particularly parents who have school-aged children. We know the groups who are having particular difficulty. What we've been doing as an association is developing resources and then working with and partnering with other organizations to help educate and provide information that can help those individuals reduce their psychological stress and stress levels. We'll give you more examples of that a little later.

Then finally, for people who are generally okay, we want those people to stay healthy. One of the things we have not done in our field a lot is to focus on the issue of mental health literacy. How do we help the public to understand what are the correlates of good mental health, what are some of the issues that detract from their mental health, and what kinds of things they can do themselves to be more engaged in taking care of their psychological health? There are other strategies, but those are examples of how we're looking across the entire population. That's what we mean by a population health approach.

Then finally, next slide, let me just share with you a couple of things that you can do as a psychologist, whether you're a clinician, or you might be a developmental or social psychologist, one of the questions we hear quite a bit is, what can I do as a psychologist in your community? Well, one of the things you can do is to help educate the public on these issues around stress. *The Stress in America Survey*. If you haven't read it, I think you should take a look because it is very instructive in terms of what's happening right now in the nation. These are just a few ideas or a few examples of things that we can help to educate the public on.

For example, helping the public to understand that they may be experiencing a lot of stress, but may not be aware of that. What we're seeing is how that's showing up in people's behavior. As Jennifer talked about, the weight gain, the disturbances in sleep, increased substitutes. Those are all signs that our population, even if people are not conscious of it, are experiencing stress.

How the vaccine will help inoculate us against the virus, but not against stress. When the pandemic is over, people will continue to experience significant stress. In fact, the Stress in American survey shows that individuals, even after they have the vaccine are no different than people who haven't had the vaccine in terms of their anxiety around reintegrating back into society.

We are the ones who can help the public to understand the vaccine will help, but it's not going to take care of all of the issues, particularly the psychological issues. How transitioning to a post COVID life in and of itself will be a new set of stressors. Much of the population believes that once this is over and we go back to our post-COVID life that that's going to reduce the stress. As psychologists, we know that those changes are going to create a new set of stressors that people have to pay attention to. Then finally, how we need to work beyond the individual level, that we have to work at multiple levels, that we cannot treat ourselves out of this crisis that we have.

The level of symptomatology in the population right now is three to four times what it was before COVID. That is a tremendous amount of people who are going to have mental health challenges out into the future. We can help educate the public about that. With that, I'm going to turn over to Helen, Dr. Coons, who's going to talk specifically about how psychologists are helping healthcare workers.

Dr. Helen L. Coons: Thanks so much, Dr. Evans and Dr. Kelly, and thank you for the invitation to join you today and greetings, everyone. Both Dr. Kelly and Dr. Evans mentioned populations that are at particular risk for stress during our global pandemic. The Stress in America survey underscored those trends, for example, populations of color, including individuals in a range of marginalized communities, younger individuals, and certainly, our healthcare workers.

Today, when I'm thinking about healthcare workers, I'm not just thinking about physicians, but nurses, nurse practitioners, CNAs, and the broad range of staff who are in the trenches in healthcare settings, could be environmental services, chaplains, at range of AIDS.

There's no question. Well, I could probably-- and I've included six or seven slides of the ways in which the pandemic has been overwhelmingly stressful for healthcare workers. I just wanted to highlight four areas. First, ongoing worry. First it was the new virus without a clear treatment protocol. Well, Coronaviruses aren't new, COVID-19 was new. We didn't have highly sophisticated clinical trials that would guide treatment protocols at the beginning. Certainly, healthcare workers are at risk for exposure themselves and their family members.

There was varying access to PPE across the country. Ongoing worry about the next surge. Are we going to have another surge after spring break and increased flying or not?

Certainly, for so many healthcare workers, the emergent need to deploy to new units where they may not have been trained and are working with new colleagues. Our healthcare workforce certainly is exhausted.

There's the physical and cognitive overload of constantly changing protocols of different periods of the pandemic, the ongoing uncertainty, longer shifts for so many individuals whose shift may have ended at midnight, but they may be there until 2:00 AM doing documentation. Staffing shortages across the country, especially in ICUs and other acute settings, and insomnia. For many individuals, the stress of juggling caring for patients, their families, their teams, trying to hold everyone together. Many

of our healthcare providers, they're holding up the world right now with very little COVID-free time. Certainly grief. Our healthcare providers are grieving ill patients.

They've experienced very high rates of death with almost 600,000 losses just in the United States alone. Many of our colleagues are deeply saddened and outraged by the ongoing health disparities that they see that was really highlighted and continues to be highlighted in the pandemic. Grief over the inability to do end-of-life education and decision-making with families who are not able to be on-site, especially at the beginning of the pandemic, oftentimes having to do end-of-life conversations through Zoom or telephone with interpreters.

For some individuals, the stress of ethical and moral challenges. More recently, we've heard a lot of healthcare workers talk about loss in their own family, their own friends, their own colleagues. Next slide, please. Without a doubt, our colleagues have been incredibly resilient throughout this pandemic, but that doesn't mean they don't experience increased rates of mental health concerns. There have been several meta-analyses of the rates, and they seem to be all over the place, anywhere from 20% to 50%, depending on who you're studying and what the population of healthcare providers are.

Nonetheless, we see increased rates of anxiety, insomnia, with difficulties falling and staying asleep, sometimes nightmares, increased rates of depression, trauma reactions from acute responses to PTSD, and for some individuals, a long-standing untreated PTSD that only gets worse, and as we've talked before, increased alcohol use. Our concern is, if these are the rates of stress and mental health concerns during the pandemic, what's also going to happen afterwards, next year, two years, three years?

Part of our role as psychologists, and I know the association is concerned about this is, how do we launch significant population-focused treatment or prevention programs for the long haul, not just the short term.

Whether it's an individual level, a community level, a health system level, we need to be thinking about the long-term as well. Next slide, please. The association really went into high gear, and the division of health psychology was grateful to collaborate to prepare materials that could go into health systems, go right in the bullpen or team or break room for providers on the front line, healthcare workers to learn to think about their own stress and to rapidly operationalize stress reduction even in the trenches and afterwards. These are very useful material, really hands-on, designed to go front and center for our healthcare professionals.

Thank you, Dr. Evans, for your leadership and collaboration with not only the society for health psychology but other outside organizations who help to comment these organizations and then disseminate them. Next slide, please. I wanted to take a minute and talk about gender differences in stress during the pandemic. This is another population at risk. When we think about gender differences, it's important to recognize that women continue to be disproportionately affected by the pandemic. First, women are more likely to be essential workers in a broad range of sectors including healthcare, and consequently, are at increased risks for COVID exposure.

In addition, there are ongoing gender and racial disparities in pay at work. If women are more likely to be part-time in any number of settings, they may have increased economic vulnerability and economic vulnerability. In other words, they may be furloughed or fired more quickly because of our employment status. As most of you know, women are disproportionately likely to be caregivers at home that may be for dependent children or adults across the lifespan. Women are more likely to be single heads of household with diminished support in general, and especially during the pandemic.

We see ongoing health inequities for women's healthcare, especially for women in marginalized communities. Women have faced a broad range of challenges if they are planning or pregnant during COVID. We have had challenges with ensuring the impact of the vaccine and the recent data looks very good during pregnancy. What are the impact of COVID on the pregnancy per se? These are increased challenges that women disproportionately face. In addition, women have experienced, and especially women of color, a range of challenges related to diversity, equity and inclusion in a range of work settings, and especially in teams.

Obviously, this is a much longer conversation, but we wanted to highlight another vulnerable population at risk for increased mental health issues when, in general, women have, for several years, reported higher rates of stress, not only in the APA Stress in America survey, but in many, many studies and have increased risk rates of anxiety and depression. Next slide, please. We wanted to briefly highlight some healthy coping strategies, whether you exercise for yourself or for your patients or families, just to affirm that we have impressive evidence around a broad range of strategies to reduce stress and maintain health and well-being.

We could fill an hour just talking about the beneficial impact of aerobic exercise that doesn't necessarily involve a \$600 piece of equipment but going for a brisk walk, getting your heart rate. What I always say to patients, getting hot and sweaty so you have to take a shower, but regular 5 days a week, at least 30 to 45 minutes, or even two 20 minute workouts of some kind, whether it's in the neighborhood on a bike or on a video. Practicing quieting exercises. Of course, many of these have roots centuries ago. The low and slow breathing.

Amazing data for now decades on the beneficial impact of mindfulness guided imagery, progressive muscle relaxation, or many other quieting and grounding strategies. For some individuals, yoga or Tai Chi. Of course, expressive writing is very interesting data on the improvement in emotional well-being, and for that matter, physical well-being.

Other individuals don't relate to any of those strategies but do really well with quieting music or art, whether it's drawing or hobbies like pottery or artistic expression or photography. It's vital that we improve our sleep quality and quantity. We simply can't have lower levels of stress and improve our mood and our overall quality of life if we have inadequate sleep quantity and quality.

Improving nutrition, unfortunately, chocolate while they make us feel good in short term and other high sugar tufts of eating isn't terribly healthy and our APA Stress in America survey certainly underscored the increased weight gain. Keeping and

maintaining a healthy weight and reducing that stress-related bingeing that so many individuals do, for that matter stress-related drinking. Next slide, please. I will finish with this slide for now. I want to invite all of us to think about our expectations. While we're so focused on caring for others, our families, our patients, our students, our communities, we also need to step back and make sure that our batteries, our cups, our fuel tanks are full.

I think it's important to think about our expectations that we've been coping during a global pandemic. I think many of us thought that we would continue our way of being as if it was before the pandemic, which has been pretty unrealistic, especially for those of you who are caring for dependent children or adults and working and trying to do so at home. To prioritize, to reduce our multitasking and to find a focus and actually feel like we can complete something. To have a good sense of grace for ourselves and others have. Time to give ourselves and others some room, if possible, to establish more work and home boundaries.

Certainly to stay informed about the pandemic and risk factors and ways to mitigate our risk and the vaccine, but also to limit our news exposure, which continues to be especially difficult. To increase and deepen our connection, to think about the three Cs. I'm sorry that doesn't stand for candy, candy, and candy, but it does stand for seeking context, deepening our connection, and creating communities.

We know that isolation is associated with adverse mental health outcomes, poor physical, and immunological health. Really being very intentional about deepening our connections. Asking for help early and often, not thinking we can do everything alone. Maintaining pleasurable activities. A tough sell for some of us who are deep in the trenches working with individuals that healthcare providers affected by the pandemic.

It's important to our well-being to maintain our pleasurable or fun activities. Focusing on gratitude. Connecting with the purpose of what we do, who, and what is important to us. Sometimes just thinking out of the box about how we need to improve our health and well-being. I'm sure today we'll talk about many of these strategies, but we wanted to just highlight some of the most important ones.

Next slide, please. We'll come back to strategies to assess mental health care, but I want to turn the mic back over to Dr. Kelly and Dr. Evans. I believe we're going to move to a conversation.

Moderator: Absolutely. We are. Thank you, Dr. Coons. Thank you, Dr. Kelly and Dr. Evans, please come back and join us here on the screen.

We have lots of great questions coming in, so I want to spend as much time as we can on dialogue. I'm going to go ahead and get started with a question sent in by John Harvey Mardreka, I apologize if I mispronounced your name, who's wondering, given that 84% of the population or more is experienced in this extreme stress, how does one know where to draw the line between normal day-to-day stressors you're experiencing and when that moves along the continuum of stress toward such severe distress that it may require professional intervention? Can you speak a little

bit to how folks, psychologists, or otherwise can see this in themselves, especially during this difficult time?

Dr. Kelly: Sure. I can respond to this. As you noted, Dr. Fox, stress goes on a continuum, in terms of your reaction to the stress. Some stress is healthy because it can keep us moving, but if you have an extreme stress, we know that you need to seek some help. We start talking about changes in your weight, significant weight changes. You're not sleeping as well as you should be and you're finding yourself having increased irritability with others. You know that there's something that's just not right. It becomes beyond you in terms of your ability to manage with it.

If you ever have a question about whether or not you have too much stress, it's always good to seek professional help, we call it a mental health checkup, if you want to see it that way. They will tell you that, "Hey, this is where you are, and these are some things that you can do to help yourself." If there are other things, if it gets more significant, then this is what you need to do is to really seek the professional help and we can give you ways of managing with that stress effectively.

Moderator: Thank you, Dr. Kelly. Our next question, we're talking a lot today about coping and some of the less effective ways that folks perhaps have been coping. What do you all think about the role of spirituality and faith? What roles those play or don't play in coping with stress, especially again, during this multiple pandemics we're facing right now.

Dr. Coons: I'll start. Go ahead, Dr. Kelly.

Dr. Kelly: I've got to say, Dr. Evans is one that really believes in spirituality. I have my not just lived experience about it but also what we know in the literature, but I know that Dr. Evans, this is his lived experience about spirituality and faith and hope. I was just going to turn it over to him to respond to that.

Dr. Evans: Sure. I think that this is really a good question. I think unfortunately in our field, I know in my own training and I think most of my college training, we have been trained to not bring into the therapeutic process issues around faith and spirituality often. I think for many people that that is really, really important. We know that from a variety of sources. We know if you look at the literature in this area that people who are part of faith communities actually are healthier in a lot of different ways, both on a physical health and mental health aspects.

We know that faith communities provide social support and as psychologists, we know that one of the best predictors of our health is the degree to which we have social support. There's a lot of evidence both from the research but also from our own experience in terms of how important spirituality and faith can be for people, particularly during times like this. Dr. Coons mentioned that understanding the meaning of life, getting your meaning. For many people, that comes from their faith and from how they view the world. I think it's something that's really important.

I always try to understand that when I work with people, if it's not an issue for them, certainly don't try to bring it up, but if it is that it's something that can be very helpful in terms of supporting people.

Dr. Kelly: One last thing about this is that this reminds me of this most recent PBS documentary that was just aired about history of the Black church. They talk about historically how the church had been so fundamental and instrumental to the Black community in terms of helping them to manage with the stressors in living in such a racist society.

It's also the community and being able to have that support from others that you can get in the church that had made a difference within that community. They talked about what happens as it seems that people are not as involved in the church as they had been in the past. We see it in terms of lived experience as well as what the research is really showing.

Dr. Coons: I might add, I think those are really important points that for many individuals, their faith and their spiritual community has also been grounding, obviously has a central role in their identity and their relationship with their spiritual home. It's also been invaluable for connection, especially with the Zoom services and during times of loss and helping to understand and to grieve. I think that's a wonderful question. I agree with Dr. Evans that we really can't decontextualize and not address the way in which someone's spirituality or faith is a part of themselves and a part of their well-being.

Moderator: Great. Thanks. Thanks to all of you next. I see that Daniel Williams has his hand raised. I'm going to turn to Daniel. Daniel, are you there?

Daniel Williams: Yes. Hi. I just recently wrote a book on racism in America and Black applied crime. I've sent a copy to

Dr. Evans, so I was wondering if you received a copy of it?

Dr. Evans: Yes I did. Thank you so much for that. I'll be in touch with you about your book. It's a really good piece of work that you've done.

Dr. Kelly: Well, do you want to send me a copy of it too? [laughs]

Daniel: Yes, I would. Where should I send it to Dr. Kelly?

Dr. Kelly: We'll put it in the chat for you.

Daniel: Fantastic. Thank you so much.

Moderator: Thank you, Dr. Williams. All right, here, our next question and comment comes from Jeffrey [unintelligible 00:40:37]. Thank you for this valuable information. It seems though mostly to focus on personal coping strategies. This was referenced a little bit, but we'd love some more feedback from the panelists. In addition to working at that personal coping level, how can we as psychologists inform or educate employers to make more systematic changes that align with these recommendations that you've mentioned?

Notes that it's very hard to implement self-care when our worksites or cultures are either uninformed or uncertain in how best to care for our employees. Can you elaborate a little more on either how APA is working to do that or the field in general?

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Dr. Evans: Yes, I can talk about how APA is doing that. It's actually another really good question. One of the things that we talk about when we talk about population-based strategies for addressing these issues around mental health and the level of psychological distress, we're talking about intervening at multiple levels, not only the individual level, but the organization level, the neighborhood, and community level, and sometimes maybe even larger than that. One of the most effective ways to do that is to work with people who have responsibility for groups or other constituencies.

CEOs, for example. In fact, just last week, I talked to a group of CEOs who run organizations in Washington, actually around the country. These CEOs are from actually all over the country. What I shared with them was a lot of what we've talked about here today. Here's what the data say about what's happening. We not only share data from our Stress In America survey, but we look at that in conjunction with CDC data and other data. We try to paint for people a picture of what's happening with their workforce, and then to talk to them as CEOs about decisions that they can make that can help address the stress level and the distress that their workforce might be experiencing.

We talk about things like psychological safety. We talk about the importance of control and people feeling like they have some ability to control the process of coming back to work. We use a lot of psychological principles and knowledge to help them make good decisions. We know that that the decisions that CEOs make, that teachers make, that parents make can have a profound impact on people's mental health. What we try to do is to help people make good decisions that will lead to better mental health outcomes and better health outcomes in general.

Dr. Coons: I think that's a great set and if I could add some even more specific examples for some of you who are working with health systems, and Dr. Evans, that sounds like a fabulous presentation and a really useful and timely one. For example, some of you may want to work with your health system to build, sustain, and support teams and use our excellent team science to improve the well-being of teams. To work with health systems or other organizations to create a culture of health and wellbeing.

To make it acceptable to reach out for mental health issues to even talk about them. To decrease stigma around receiving care. To address the diversity, equity, and inclusion issues that adversely affect the well-being of individuals and health systems or other organizations. To launch with your organization's wellness programs that may appear to be at the individual level, but that in fact impact teams and systems. Those are four specific examples of ways in which we in fact can make a difference at the system level in addition to population approaches.

Moderator: Thank you. Our next question again, you referenced this, I believe all three of you in your comments, the importance of partnerships in doing this work. I think that stems nicely from that last question. We have a couple of folks asking about different groups to partner with. I'll blend them all into one question here, specifically other mental or behavioral health providers, such as social workers, as well as the medical community, even going beyond primary care.

Are those groups who we're focusing on as APA, are there additional partnerships that you believe are important to highlight here for the group this morning? I want to give you a couple of minutes to talk about partnerships and how that's helping APA to do our work.

[crosstalk]

Dr. Evans: Partnerships are so important to our work. Our new strategic plan talks about impact and how we can share psychological knowledge with other groups, with society in general. What we know is that when we partner with people we're able to have a much greater impact and much greater reach. Dr. Coons might want to talk this as it relates to the work we've been doing with healthcare workers, but the work that division 38 health psychology has done in terms of creating a really useful tool for frontline healthcare workers was great, but if it did get into the hands of people, it wasn't going to matter.

The way we went about doing that is we partnered with over, I think it was 40, 50, I'd say it's probably closer to 60 different healthcare organizations putting it in the hands of their professional societies, and then they pushed it out to their membership. Much greater reach and impact than we could have had if APA alone had tried to disseminate that toolkit to healthcare workers.

We're doing that in lots of different ways. We talked about some of the high-risk groups, African-Americans in particular. We've partnered with the NFL to do some webinars directed at the community that views that, *Essence Magazine*, even My Brother's Keeper which is president Obama's initiative that he started in the White House that has a network of African-American and Latino primarily, but other groups, young men across the country. Those kinds of partnerships give us a reach that we could never have by ourselves. We use that. We've used that quite a bit during the pandemic.

PTA, again, we did something talking to parents and we were able to reach about 20,000 or 30,000 people who are teachers and parents, again, in ways that we couldn't have if we had done that work alone. Dr. Coons and Kelly might also have some other examples of that.

Dr. Coons: Go ahead, Dr. Kelly.

Dr. Kelly: I'm good. You can go on, doctor. I don't have anything else to add because I know that we have been meeting. APA has been just extremely deliberate about our partnerships and our communities in order to have the most impact as noted by Dr. Evans.

Dr. Coons: Actually, Dr. Evans, what I was thinking, while you were speaking, is that if you wanted to rattle off some examples of the partnerships, they're incredibly impressive. I think one of my favorite is the American Nursing Association.

Dr. Evans: Well, we looked at, when it came to healthcare workers, a lot of the healthcare organizations and even some that we had never heard of. There are people who work in healthcare who have these associations that can reach into

hospital systems and healthcare systems in ways that would be very difficult for us to do. Nurses and people who are technicians who run various kinds of equipment within hospital systems, all those individuals and associations have been enormously helpful in getting information to their members.

We've actually done webinars with some of these organizations, again, reaching thousands of their members talking about stress and ways that they can help manage stress, particularly in the middle of their shifts and in the middle of their work, which is something that they have found to be extremely helpful.

Dr. Kelly: I was also thinking about what we have established since the pandemic and it's the Global Alliance. What we have done is developed partnerships. I call them partnerships with psychologists all over the world. What we do is we have shared resources in terms of management of the stresses associated with the pandemic. We were initially meeting once a week and we're now meeting a couple of times a month. For example, we've developed a toolkit to give to essential workers because of the stresses that they are experiencing. It's not just in the United States, but it's across the globe.

Moderator: Great. Thank you. I know we're running close to the top of the hour, but still have great questions coming in so I'm going to try to squeeze a couple more in. We have folks here asking, Dr. Kelly, I know that your comments especially revolved around the disproportionate impact of stress on different populations. Other folks here have noted too that your presidential work this year is really focused on the issue of health equity. Can you speak for a minute about the connections between some of the information we've presented today and some of the plans that you and APA have for the issue of health inequities going forward?

Dr. Kelly: Yes. One of the things that happened-- I'll give you a little bit of history. I'm a clinical health psychologist. I have been seeing health disparities throughout my lived experience, as well as in my professional life. One of the things that I wanted to do was to focus on health equity, and I started doing the deep dive in this in the early part of last year, actually.

Then beginning in March, we started seeing COVID-19 and really began to see health disparities and what it really meant especially to communities of color. On top of that, when you started looking at the health disparities then you started looking at what was going on as related to race and racism, one of the things that we know as it relates to health disparities, as Dr. Evans had pointed out, was we taught the social determinants of health, where you live, where you work, how you grow up, your community in which you reside and how you play. We know that threaded throughout that is race and racism.

What ended up happening is what we began to see with COVID-19 is that we just began to see more of health disparities and health inequities. That was not going to be my initial focus was related to COVID-19, but it just really highlighted how much that has had such an impact on our world and the communities of color.

In addition to seeing the disproportionate death rate in the Indigenous population, the Black population, the Pacific Islanders, and the Latinx communities, we then began

to see the race and racism that's been happening within our country. All of these things tie in together. Whether it's what we saw as related to some of the police brutality types of things that happen in the country, or what we're seeing in the Asian-American and the Pacific Islanders community related with COVID.

One of the things that we're seeing is that there is much inequity here and this is what we really have to address and we understand that it contributes to the level of stress. One of the things that we noted is that the Black community and the Latinx community, they are not really ready to resume life as usual once everyone gets the vaccine or whatever because there's still so much uncertainty that's happening within the country. There's so much stress that's occurring.

Now, the task force or the Presidential Task Force on Health Equity, psychology's role is looking at all of these variables and what psychology can do to really have an impact from education, public policy, in terms of the practice community, in terms of reducing the health disparities and improving health equity. It is a big task and we have a great task force that's led by doctors Kisha Holden who's at Morhouse, and Dr. Geoffrey Reed who is at Columbia. We have taken a deep dive in this, and we're going to have some very good recommendations of what psychology can do to achieve our health equity. I hope I answered the question. It was a long answer.

Moderator: That was wonderful. Thank you. I think your passion for the issue shines through in talking about it. Whereas we're nearing the top of the hour, I do want to put back on the screen here a number of resources for you as individuals, for you as leaders, for you as psychologists, for you as just individuals going through the world and experiencing the many forms of stress that we are all facing.

Again, these slides will be made available to everyone who registered for the Town Hall. Don't worry about trying to copy these down, but these will be shared as well as we have included some information about crisis lines just given all of the topics that we discussed today to make sure those are available. Again, we're heading toward the top of the hour, but if the three of you are on board, I think we can do one more question.

This is getting raised a lot in the questions coming in about teens and young adults, dealing, as you mentioned, with a unique set of stressors as well as what adults are dealing with, and just the struggle and distress that they're facing. Can you just speak a little bit to, again, how APA is working with this population, thinking about this population, and helping them get through this crisis and be resilient for future issues that might arise?

Dr. Kelly: I will say that this is something that we have been aware of for a period of time since the pandemic began. We started talking about the children that are under 18 who are at home, and they're staying at home, there's more social isolation there, and also the parents of the children. We have provided resources to help both of those groups.

One of the things that's been really helpful, I think, has been the inclusion of telehealth in terms of we're able to provide the telehealth services. That has really made a tremendous difference. We know that the parents of the teenagers have

reached out more for the psychological services, and many of them are engaging in the telehealth treatment.

Dr. Evans: I would just add that the workaround with teens and young adults is another area where partnerships are really, really important. I mentioned the PTA earlier and other groups that we're partnering with to get information to those groups. The data are pretty clear on, not only our data but again, if you look at CDC or you look at any of the national surveys, there is an inverse relationship between age and level of stress. The older you are, typically the less stressed, or the fewer people who are reporting extreme levels of stress.

The people who are experiencing the most stress are younger people. I think that that has a lot to do with the fact that those of us who have lived through 9/11 and through economic downturns and all of these other things, we have a frame of reference. Even though the pandemic is not like anything we've gone through before, we have gone through national crises before. For a young adult coming out, Gen Z, or even highschoolers who've not gone through this kind of national crisis, it's very stressing for them.

It's a particular group that we have to pay a lot of attention to, make sure that teachers, people who are working with young people understand, one, the signs that people are under distress and are experiencing stress and understand the strategies that they can employ to help them reduce that. That's the kind of work that we're trying to do is to really help educate those who are working with people who are in these high-risk groups, and young people turn out to be one of the highest risk groups.

Dr. Coons: I also think this is a wonderful opportunity for prevention that if we had an early intervention and prevention interventions launched that are aimed at children, teens, and young adults that perhaps we could minimize the risk for lifelong challenges related to not only stress but mental health challenges. I hope that we can actually broaden the frame as well.

Dr. Kelly: One last thing is, I want to close. I know we're out of time but I was just thinking about the 4M's that I keep hearing about in terms of helping to manage with stresses. Movement, mindful engagement, meaning that you are really having meaningful interactions with other people, meditation and the last one is mastery. Finding something that you are good at and really engaging in that activity.

Moderator: That's great. Thank you. Four M's, three C's. We've got all sorts of things to learn from today. Well, thank you. Thanks to all three of you. Thanks to the many who joined us today.

Again, resources are up here on the screen, but everyone will receive a copy of the slides and the recording of the Town Hall today. I just want to add, there are lots of comments coming in about additional follow-up topics and issues that folks are interested in. We love hearing that and we'll certainly be taking that information back and seeing what we can do to provide other forums for these conversations. Again, thank you all and thanks to our three wonderful presenters today. Hope you enjoy the rest of your day.

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