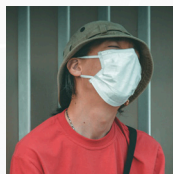
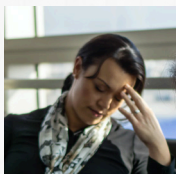




Building
Santiago de Cali
with data

Data → brief

Mental health and well-being
in the time of pandemic



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Mental health and well-being in the time of pandemic

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INDEX



Introduction

01

Before the pandemic, people in Colombia reported being very happy and satisfied with their life

02

The consequences of Coronavirus on mental health and well-being

03

The mayor concerns of the crisis

04

Another to priority for the public agenda



MENTAL HEALTH AND WELL-BEING IN THE TIME OF PANDEMIC

Mental health is one of the most sensitive issues for the population. Good mental health reflects in labor and academic productivity, in high levels of happiness, life satisfaction, and good physical health. In Colombia, we know little regarding the mental health of the population. In part, the discussion does not arise openly due to several factors. One of them is the low budget that is allocated in the health system to diagnose and treat mental health problems. According to the World Happiness Policy Report of 2018 (WHPR), in middle-income countries – such as Colombia – only 0.03 of the GDP is invested in the diagnosis and treatment, and there are only three specialized workers in the area per 100,000 inhabitants. Another factor is also associated with the negative preconceptions that exist in the population about mental health, which we have culturally related to severe depression or suicide rates.

But the mental health of the population is much more than that. Worry, anxiety, or feeling a lack of purpose in life, are also part of the full range of aspects that encompasses mental health and well-being. In developed countries, the need to study, diagnose, and invest in the proper mental health of the population, today is part of the top agenda in public policy.

Using the significant volume of academic research that shows how pervasive and damaging the high prevalence of mental health diseases are on productivity, academic performance, and general well-being, several countries have issued guidelines to make public policy. Possibly, the most exceptional case is on the United Kingdom with the Ministry of Solitude established in 2018 in response to the high rates of suicide, depression, and other conditions that affect the daily life of the

population. The WHPR of 2018, estimates that the prevalence of factors that affect our mental health is the leading cause of misery - understood as the lowest levels of life satisfaction - in the population, even above the levels of monetary distress caused by poverty.

Worldwide estimations suggest that 11% of the population is affected by the most common mental health conditions: depression and anxiety. Mental health illnesses have significant implications for both labor productivity and the health system. In terms of labor productivity, people with a prevalence of depression and anxiety, on average, are less productive and more absent from work. The direct costs to the health system come through physical health illnesses that manifest

because of poor mental health and the diagnosis and treatments of mental health conditions. In total, the estimation in losses in labor productivity and direct costs in the health system that ponders mental health conditions amount to 5% of the GDP of developed countries (WHPR, 2018).

The most common mental health measurements for anxiety, worry, depression, and happiness come from direct self-reports collected through population surveys. While there are more sophisticated and appropriate measures for the correct diagnosis of mental health conditions by experts in the field, the measures obtained through self-reports in population surveys give an idea of the size and trend of the problem.



POLIS, the Observatory of Public Policy of Universidad Icesi, has been conducting academic research for six years with the metrics used to estimate the prevalence of the most common mental health conditions. The measures used and validated by multilateral organizations such as the OECD are mostly made up of 4 measures:

1 LIFE SATISFACTION ASSESSMENT*

Three measures of affect and emotions that people experienced the day before:

- 2 HAPPINESS **
- 3 WORRY **
- 4 DEPRESSION **

*On a scale of 0 to 10, where 0 is not at all satisfied and 10 is completely satisfied.

** On a scale of 0 to 10, where 0 means never experienced the emotion and 10 experienced the emotion all the time.

To track changes in well-being, happiness, depression, and worry, in POLIS, we launched an online survey country-wide. After one month of enforced lockdown, over 1,000 people answered the survey, allowing comparisons of well-being before and during this crisis. We are aware of the limitations of an online study and the self-selection bias it may entail. This sample may not be representative of the country population by excluding population from the lower socioeconomic strata who do not have access to the internet or do not have the literacy to fill out an online survey. We are aware of the many limitations of this strategy, but it is the best we can do in the current situation. This information may be imperfect but is the only measure we can capture in the middle of a pandemic.



BEFORE THE PANDEMIC, PEOPLE IN COLOMBIA REPORTED BEING VERY HAPPY AND SATISFIED WITH THEIR LIFE

8,5*
LIFE SATISFACTION
IN COLOMBIA

In six years of continuous research, we have found very high levels of life satisfaction in Colombia, of 8.5 on average, without significant differences by city, region, area (urban-rural), or gender. This result contrasts with an average of 7.4 on life satisfaction in developed countries (OECD, 2020).

THE CONSEQUENCES OF CORONAVIRUS ON MENTAL HEALTH AND WELL-BEING

After a month of enforced confinement, the effects on mental health in the population are palpable. Before the pandemic, measures of life satisfaction, happiness, worry, and depression remained unchanged year after year. In six years of continuous research, never was reported the low levels of life satisfaction and happiness record in the middle of the pandemic. Depression and worry that have been relatively low are showing a spike.

7,5*
LIFE SATISFACTION
IN COLOMBIA



HOW HAPPY DID YOU FEEL YESTERDAY?



HOW DEPRESSED DID YOU FEEL YESTERDAY?

*On a scale of 0 to 10, where 0 is not at all satisfied and 10 is completely satisfied.

** On a scale of 0 to 10, where 0 means never experienced the emotion and 10 experienced the emotion all the time.



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During the current crisis and quarantine, the levels of life satisfaction and the frequency in which Colombians experience emotions of happiness, have decreased. Worry and depression are on the rise, and these emotions are more prevalent among women, the poorest, and least educated population.

All measurements are made on a scale of 0 to 10

LIFE SATISFACTION

	Colombia*	Cali**	Coronavirus***
Total	8,5	8,5	↓ 7,5
Men	8,6	8,5	↓ 7,6
Women	8,5	8,4	↓ 7,5

HOW HAPPY DID YOU FEEL YESTERDAY?

	Colombia*	Cali**	Coronavirus***
Total	8,1	8,3	↓ 7,1
Men	8,2	8,4	↓ 7,2
Women	8	8,1	↓ 7

HOW WORRIED DID YOU FEEL YESTERDAY?

	Colombia*	Cali**	Coronavirus***
General	3,9	3,2	↑ 5,2
Men	3,6	3	↑ 4,8
Women	4	3,5	↑ 5,4

HOW DEPRESSED DID YOU FEEL YESTERDAY?

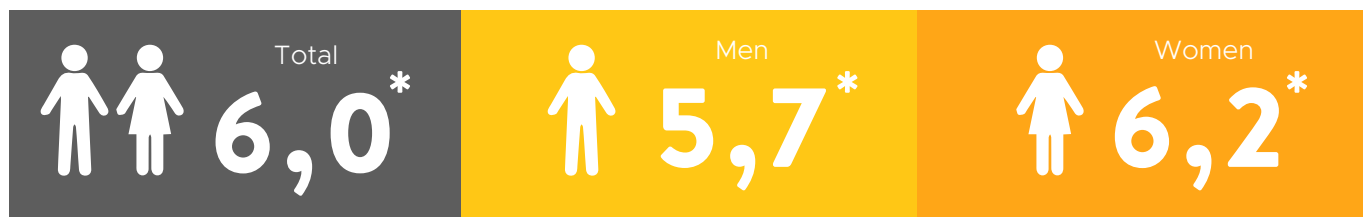
	Colombia*	Cali**	Coronavirus***
Total	1,9	1,6	↑ 3,3
Men	1,6	1,4	↑ 3
Women	2,1	1,9	↑ 3,5

* Average DNP data 2016-2018 - Citizen Perception Survey

** Average data from CalibrANDO survey 2014-2019 - POLIS, Universidad Icesi

*** Average Online survey about the effects of confinement on well-being - POLIS, Universidad Icesi

I FEEL THAT IN THE LAST DAYS MY LEVELS OF ANXIETY AND STRESS HAVE INCREASED



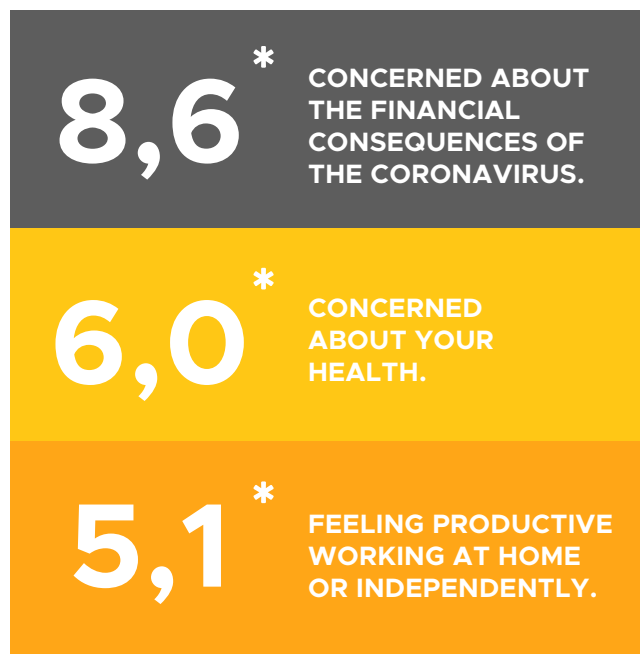
* On a scale of 0 to 10, where 0 is that you totally disagree and 10 totally agrees with the statement.

Given the magnitude of the crisis, these results are not surprising. What is worrying about these trends is the effect they have on physical health. Increased worry, anxiety, and depression has a direct and adverse impact on our physical health, at a time when we need to be in our best physical condition. An increase in anxiety and depression also has immediate consequences on the

productivity of people who can currently work from home. Under these circumstances, productivity decreases, and pressures increase. All the efforts of the health system are focused on containing the violence this crisis strikes us, but the consequences that it will leave on our mental health can have even more significant implications.

THE MAYOR CONCERNS OF THE CRISIS

49% of the people answering the survey manifest that their income has been affected, and within the implications of the current crisis, what most worries people are financial issues. On average, people care more about the health of their loved ones (8,4), than for their health (6). When asked if they feel productive working independently, on average, people respond only 5.1 (on a scale of 0-10), even whitening groups of higher educational attainment.



* On a scale of 0 to 10, where 0 is that you totally disagree and 10 totally agrees with the statement.



ANOTHER TO PRIORITY FOR THE PUBLIC AGENDA

At this moment, the government focus is providing economic assistance to the most vulnerable, strengthening the health system and reactivating the economy. However, the mental health of the population is on hold. A good mental health is a priority issue in developed countries, who have invested and implemented strategies to improve the mental health of the population. One of the most successful investments come from educational policy. Investing in educating children and youth on their emotional health pays off. Research shows that investments in the population under 20 years old, intervened through the the educational system has a high long-term returns reflected in the health system and labor productivity.

Technical sheets

Online survey on the effects of confinement on well-being

Target group:
General population
Sample size:
1000 surveys
Data Collection :
Surveys collected virtually through digital platforms between March and April 2020

CalibrANDO:

Target group:
Men and women over 18 years old. Cali residents.
Sample size:
7,376 surveys collected between 2014 and 2019. Statistically representative survey by sex, socioeconomic status and race / ethnicity.
Data collection:
Face to face surveys in central points
Margin of error:
2.8% with a confidence level of 95%.

Citizen Perception Survey of the National Planning Department

Target group:
People over 18 years old, men or women from all the municipalities of the country, residents in the headwaters (urban area) and in the populated centers (rural area).
Sample size:
9710 household surveys
Data collection:
Computer-assisted personal interview to the person at home.

References:

Council, G. H. (2018). Global happiness policy report 2018. New York: Sustainable Development Solutions Network.
OECD, (2020). How's Life? 2020 Measuring Well-being. Paris, OECD

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