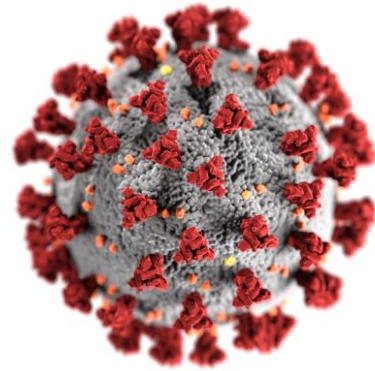


Helping Our Patients Enhance Mental Wellness During COVID-19 Crisis



Phebe Tucker, MD

Editor-in-Chief, *The Journal of the Oklahoma State Medical Association*

Vice Chair of Education, Ungerman Endowed Chair

Department of Psychiatry, University of OK HSC, OKC

Learning Objectives

1. Discuss psychological effects of quarantine and the COVID-19 pandemic on patients
2. Identify how to meet emotional needs of special groups—homebound children, isolated individuals, elders, at-risk patients, groups who may be stigmatized or lack resources
3. Describe resources for helping patients with significant mental health problems during the corona virus crisis

Common reactions during COVID-19

- Worry, anxiety, panic, fear of unknown
- Social withdrawal
- Difficulty concentrating or sleeping
- Change in sleeping or eating routines
- Feeling helpless, confused, angry
- Feelings of loss or grief
- Financial concerns and fears
- Fears around your health or the health of your loved ones
- Feeling of being “on edge” - irritable, cranky, short with people
- Feelings of being low - hopeless, sad, apathetic
- Feelings of being detached
- Existential stress - thoughts and feelings related to “what is the point of my life,” etc.

Stressors for Our Patients: Fear

- Fear of COVID-19
 - Mixed & changing information overload through media
 - When is it safe to open up vs. economic concerns?
 - Will there be a second wave of illness?
 - Has the virus mutated?
 - Do individuals surviving corona virus have some immunity?
 - No vaccine, few treatment options
 - Highly contagious virus with serious consequences worldwide
 - Fear for elders and at-risk relatives
 - COVID-19 testing challenges

Stressors for Our Patients: Social Distancing

- Social distancing policies

Galea et al, JAMA Intern Med, April 2020

- Social isolation

- Especially elders, single adults, undocumented immigrants, homeless, mentally ill

- Supervising children while working at home

- Internet connectivity problems

- Less exercise

- Mental health effects of social distancing with COVID-19

- Most research on MH effects of epidemics focus on disease effects (Zika, SARS)

- Predicted ↑anxiety, depression, substance use, loneliness & domestic violence

- With schools closed possible ↑child abuse



Helping Patients During Social Distancing

- Decrease isolation
 - Digital technologies for yoga, group exercise, religious services
 - Voice & video outreach > email & text messages
 - Workplaces: virtual workspaces for coworkers to connect
 - School children: daily routines, internet access for learning and socialization
- Domestic and child abuse: mechanisms to detect & intervene
- Strengthen mental health system
 - Telemedicine mental health and health visits—reaches isolated & rural areas
 - Recent CMS ↑in reimbursement for audio (phone) sessions
 - Expand tele-mental health counseling for social workers & psychologists
 - Assist access to and delivery of medicines for mental & physical health

Stressors for Our Patients: Economic hardships

- Job loss, decreased work hours
 - Unemployment may reach 20% (US Treasury Dept)
- Over 22 million have applied for unemployment benefits in US
- \$2 trillion stimulus package
- Delays in unemployment benefits, supplemental government checks
- Loss of medical insurance
- Shortages:
 - Some foods
 - Disinfectants
 - Masks & other PPE

OK: Increased Mental Health Needs During Pandemic

- Heartline OK (2-1-1): mental health referrals
 - March-April 2020: 6,680
 - March-April 2019: 1,635
- Law enforcement calls: some spikes in suicide and mental health calls in early pandemic
- Visits to ERs and clinics for mental health concerns
 - Some MH patients in crisis may avoid ER visits due to fears of contagion
 - “Essential” vs. “nonessential” concerns
 - Community Mental Health Centers scrambling to achieve social distancing, protection of staff and patients

Helping Unique Needs: Homebound Children

Center for the Study of Traumatic Stress, 2020

- Support family structure when homebound
 - Physical activities, family activities, basic needs, healthy diet, chores, fun & relaxation techniques
- Communicate openly
 - Explain COVID-19 in positive & age appropriate way
 - Encourage discussion of fears, encourage altruism
- Connect to helpful support
 - Maintain kids' connections to friends & family through phone or internet
 - Ensure medical treatment of pre-existing conditions
 - Use homeschool or distance learning
 - Contact mental health professional for anxiety, depression, aggression
- Resources:
 - CDC: www.cdc.gov
 - Red Cross: www.redcross.org
 - WHO: www.who.int/en
 - Infectious disease information for children: CDC: www.cdc.gov/childrenindisasters/index.html
 - AAP: <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/default.aspx>

Helping Children Cope

Age Group	Reactions	Helping Child
Preschool	Fear of being alone, bad dreams	<ul style="list-style-type: none"> • Patience • Calming bedtime activities, short-term change in sleep arrangements • Verbal & physical reassurance • Play, reenactment, story-telling • Regular family routines • Avoid media exposure
	Speech difficulties	
	↓bladder/bowel control, constipation, bedwetting	
	Appetite change	
	Temper tantrums, whining, clinging	
School-age (Ages 6-12)	Irritability, whining, aggression	<ul style="list-style-type: none"> • Patience & reassurance • Play sessions & staying in touch with friends through phone & internet; regular exercise • Educational activities (workbooks educational games) • Participate in household chores; gentle but firm limits; • Discuss pandemic & encourage questions (what is being done in family & community) • Encourage expression through play & conversation • Help family with ideas to enhance health promotion behaviors & family routines • Limit media exposure & discuss what they have heard • Address stigma & clarify misinformation
	Clinging, nightmares	
	Sleep/appetite disturbance	
	Physical symptoms (headaches, stomach aches)	
	Withdrawal from peers, loss of interest	
	Competition for parents' attention	
	Forgets chores & new information from school	

Helping Children Cope

Age Group	Reactions	Helping Child
Adolescent (Ages 13-18)	Physical symptoms (headaches, stomach aches)	<ul style="list-style-type: none"> • Patience, tolerance and reassurance • Encourage continuation of routines • Encourage discussion of pandemic with peers & family (but do not force) • Stay in touch with friends through telephone internet, video games • Participate in family routines, including: <ul style="list-style-type: none"> Chores Supporting younger siblings • Planning strategies to enhance health promotion • Limit media exposure, discuss what they have heard including at school • Discuss & address stigma, prejudice & injustices during pandemic
	Sleep/appetite disturbance	
	Agitation or decreased energy, apathy	
	Ignoring health promotion behaviors	
	Isolating from peers & loved ones	
	Concerns about stigma & injustices	
	Avoiding/cutting school	

What to include in family discussions of COVID-19:

What the current disease outbreak is

How it is contracted, possible dangers

Protective steps being taken in the community/nation/global community

Protective steps everyone in the family can take

Helping Unique Needs: Quarantined Pts.

- Quarantine: separating those who may have been exposed to COVID-19
- Stressors during quarantine
 - Frustration & boredom
 - Inadequate supplies & access to regular medical care
 - Fears of infection or infecting others
- Stressors after quarantine
 - Stigma from others
 - Financial loss
- Promoting psychological wellbeing
 - Culturally appropriate communication about disease
 - Promote communication with loved ones
 - Prepare for basic needs during quarantine
 - Reduce boredom & isolation—social media, limit over-exposure to media
 - Healthcare providers: take care of yourself and basic needs
 - Keep quarantine as short as possible and safe



1918

Helping Unique Needs: Stigmatized Individuals

- Persons who may be stigmatized
 - Persons of Asian descent
 - People who have traveled (i.e., returning from China or Italy)
 - Emergency responders or healthcare professionals
 - Homeless or other disadvantaged
- Types of stigma: avoidance or rejection, denial of healthcare or work, physical violence
- Interventions:
 - Maintain privacy in healthcare
 - Share accurate information about virus & spread
 - Speak out against negative behaviors
 - Share the need for social support for stigmatized people



Pts. with Unique Needs: Minorities and Disadvantaged

- Women & minorities often front-line workers, at risk for virus
 - Pack & deliver supplies, work in grocery stores
 - Care for sick & elderly
 - Keep streets and buildings clean
- Minorities and COVID-19
 - African Americans
 - D.C.: AA are 45% of population, 59% of deaths up to April
 - Native Americans
 - NM: Native Americans are 10% of population, 37% of those with corona virus
 - Latinos
 - NYC: Latinos are 29% of population, 39% of those with COVID-19
 - Factors: poverty, more diabetes & HTN (linked with ↑ death rates), lack of insurance or underinsurance

Pts. With Unique Needs: Factors Increasing Risk for COVID-19 in Serious Mental Illness

- Medical conditions in M.I. increasing risk for poor outcome with corona virus
 - Higher smoking rates (60-70% in schizophrenia) and COPD
 - Diabetes, HTN, heart disease, cholesterol
- Substance use disorders
- Mistrust of medical community
- Economic disadvantages
 - Crowded living situations, often shared bathrooms
 - Homelessness for some
 - Lack of smartphone for telehealth
 - Access to medications and psychosocial treatments

U.S. Patients with Mental Illness and COVID-19

- Minorities with mental illness receive less mental health care
 - 48% of Caucasians with MI received MH Services
 - 31% of AA and Hispanics
 - 22% of Asians
- U.S. psychiatric facilities having high coronavirus rates (*Barnett, The Hill op-ed 4/27/20*)
 - 63+ state psychiatric facilities housing thousands of pts with severe mental illness
 - CT, DE, KY, LA, MD, MO, MI, NE, NJ, WA, WI, D.C.
 - Recent outbreaks of COVID-19, often fatal
 - Need more PPE, space and general support
- Some federal help: (*Psychiatric News*)
 - FCC's COVID Telehealth Program
 - \$200 million funding to community mental health centers, teaching hospitals, medical schools & other nonprofit facilities
 - Supports telemedicine & telepsychiatry for care in states with stay-at-home orders

International Patients with Mental Illness and COVID-19

- Factors increasing risks for COVID-19 in psychiatric hospitals
 - Wuhan: 50 inpts and 30 MH professionals in MH hospital had COVID-19
 - Problems: lack of PPE, difficulty quarantining, crowded beds (Xiang et al, *Int J Bio Sci*, 2020)
- Review of international journals:
 - Older adults and migrants have greater mental health needs in pandemic
 - Most health professionals in COVID isolation wards lack MH training (Lima et al, *Psychiatry Res*, 2020)

Social Media: Patients with Mental Illness and Views on COVID-19

- Facebook Survey on ForLikeMinds (n=214, 193 self-identified as having M.I.)
 - 72% had 3 major concerns:
 - Fears their mental illness would worsen due to pandemic (64%)
 - Fears they would run out of medication (38%)
 - Fears they would be unable to receive mental health care (39%)
 - How well coping:
 - 68% felt socially isolated, 57% less socially connected
 - Preferred communication in those with mental illness
 - **Texting**, phone, **social media**
 - Poor copers less likely to use phones

Patients with Special Needs During COVID: Advice for Families of Alzheimer's Dx Patients

- Have a set routine

Agronin & Martin, April 16, 2020

- Predictable, stimulating activities
- Regular exercise, fresh air & sunlight
- Regular wake-up and sleep time, healthy meals, music or games
- No excessive news watching
- Safe social contact (phone, video chat)

- Behavioral disturbances

- Seek cause: boredom, anxiety from TV pandemic news, lack of stimulation, pain?
- Suspected physical causes: contact PCP
- On psychotropic meds: contact psychiatrist
- De-escalation: distraction, deep-breathing, calming

- Caretakers & Self-Care:

- Worries: ↓income, isolation, loved one becoming ill
- Recommended: deep breathing/relaxation, stretching & exercise, fresh air & sunlight
- More serious symptoms: seek treatment

Notifying Family After a COVID-19 Death

- “Although we cannot lessen the loss of a loved one, we can provide family members with clear, concise and accurate information about the death, and access to helpful resources...”
- **Who notifies?**—healthcare worker involved in pt’s care
- **Be prepared**—know name of pt, relationship of family contacted, provide context such as knowing pt’s age, hometown, occupation
- **Delivering the news**—Be clear and empathic (“I have very sad news to share with you; I’m so sorry for your loss”)
- **Choose details to share**—don’t overwhelm with details
- **Be prepared for responses**—sadness, rage, guilt, blame without being judgmental; provide resources (grief support, pastoral)
- **Follow up**—health care team may provide personal note of sorrow

General Advice For Patients Stressed by Social Isolation in COVID-19

Substance Abuse and Mental Health Services Administration

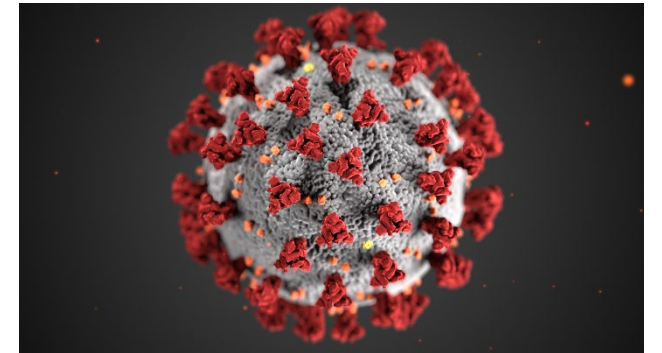
- Educate yourself
- Work with your employer to reduce financial stress
 - U.S. Dept of Labor: 1-866-487-2365 for FMLA allowing US employees up to 12 weeks of unpaid leave for serious medical conditions or care for family member
- Connect with others
 - Phone, email, text, social media
 - Internet, radio or TV to keep up with events
- Talk to your doctor
- Use practical ways to cope and relax
 - Deep breathing, stretching, spirituality, fun activities, pets
 - Talk with friends, keep sense of hope
- After social distancing, quarantine or isolation
 - Expect mixed emotions, including relief



Coronavirus Resources

For a patient, family member or friend in need of immediate assistance:

- Disaster Distress Helpline ([SAMHSA](#))
Call 1-800-985-5990 or text TalkWithUs to 66746
- National Suicide Prevention Lifeline ([Link](#))
Call 800-273-8255 or [Chat with Lifeline](#)
- Crisis Textline ([Link](#))
Text TALK to 741741
- Veterans Crisis Line ([VA](#))
Call 800-273-8255 or text 838255



Local Resources

Basic needs:

- Homeless Alliance: 405 415-8439; Contact kcrocker@homelessalliance.org
- Ending Hunger OKC, Meals on Wheels: <https://www.endinghungerokc.org/>

Mental Health Needs:

24/7 Contacts:

- [Oklahoma COVID-19 Call Center](tel:877-215-8336): 877-215-8336
- [Heartline](tel:214): phone 2-1-1 (mental health & social services in OK)
- [The Lifeline](tel:18002738255): 1-800-273-TALK (8255)
- [Crisis Text Line](text:HOME): Text HOME to 741741

For our physician & medical student patients:

- Oklahoma County Medical Society Physician Wellness Program
 - Free, confidential mental health visits (up to 8)
 - No electronic health record or insurance
 - Convenient hours
 - Available to OCMS members



when you need a
safe, private place
to talk

OCMS
OKLAHOMA COUNTY MEDICAL SOCIETY

PSYCHOLOGICAL COUNSELING AVAILABLE
for physicians and medical students only

- No medical diagnosis
- No insurance billing
- No electronic record
- Up to 8 sessions, completely free
- No reporting

Physician Wellness Program
okcountymed.org/ppw 405-340-4321
Virtual counseling available during the COVID-19 crisis

Medical Student Initiated Mental Health Website

Landon Hester, Kevin Watson, MD et al

Fight For Mental Health: <https://www.fightformentalhealth.com/>

- **Fight depression**

- Exercise, healthy food
- Social support: link to online NAMI groups: <https://www.namigreaterokc.org/support-groups>
- Smart phone apps for activities to help depression, therapy skills
- Link to book to improve depression: Feeling Good: The New Mood Therapy

- **Calm anxiety**

- Meditation: link to Be Mindful online course: <https://www.bemindfulonline.com/>
- Exercise
- Deep breathing: link to Breath2Relax app on smart phone
- Social support: link to mental health support groups through NAMI

- **Sleep problems**

- Blue-blocking glasses, limit cell phone at night, exercise, limit caffeine; use of melatonin

Medical Student Initiated Mental Health Website

Fight For Mental Health: <https://www.fightformentalhealth.com/>

- **Trauma**

- Social support, meditation, exercise
- Link to PTSD Coach website & app: <https://www.ptsd.va.gov/apps/ptsdcoachonline/default.htm>

- **Addictions**

- Support Groups
 - Link to Alcoholics Anonymous OKC Intergroup: <https://okcintergroup.org/>
 - Link to Narcotics Anonymous: <https://www.na.org/meetingsearch/>
 - Link to therapy based support group: <https://www.smartrecoverytest.org/local/> (Zoom online mtgs now)
- Rehab: nearby OK rehab programs: <https://www.fightformentalhealth.com/about> Link to SSM Health, Valley Hope (Cushing) and TRC (free)
- Online drinking tracking program also relates to pandemic: <https://checkupandchoices.com/>
- Tobacco: **1-800-QUIT NOW** or online at okhelpline.com
- Gambling: National Problem Gambling Helpine: **1-800-522-4700**; ncpgambling.org/chat; support groups, counselors, and treatment at oapcg.org/help; Casino self-exclusion described

- **Eating disorders**

- Links to Project Heal, Overeaters Anonymous and OA meetings at oaokc.org,
- Free cell phone app: Recover Record: **RR: Eating Disorder Management**

Summary

- COVID-19's pandemic has stressed many individuals through fear of the virus, social isolation, and economic hardship.
- Some individuals with unique needs are homebound children, quarantined patients, stigmatized and disadvantaged people, minorities, those with severe mental illness and with Alzheimer's dx.
- Resources have been presented for helping patients and families deal with normal stress as well as for those needing mental health interventions