

COVID-19 represents a new challenge for mental health practitioners



**What Mental Health Practitioners
Need to Know About COVID-19**

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**PSYCHOSOCIAL
EFFECTS?**

1. The COVID-19 pandemic will likely have negative psychosocial effects at both individual & societal levels.

ACUTE

- Fear and panic about acquiring or having the illness which can significantly impact human behavior and socialization, sometimes towards maladaptive and risky activities such as excessive drinking or using substances
- Frustration and boredom from isolation and “quarantine”, limited physical contact with loved ones, and loss of usual daily routine
- Stress related to inadequate supplies (i.e. food, medications, personal protective equipment (PPE)) and access to routine medical care as evidenced by panic shopping and hoarding of essential items
- Unclear, insufficient and constantly changing information about the pandemic from public health authorities which may increase fear/anxiety

CHRONIC

- Stigmatization, discrimination, marginalization, and avoidance of certain individuals out of fear and suspicion (i.e. “quarantined” individuals, elderly, healthcare workers, ethnic/religious groups, people with psychiatric illness and substance use disorder)
- Coping with grief from losing loved ones to illness
- Financial loss (i.e. healthcare costs, absence from work, economic burdens)
- Reintegration to “normal” routines and societal functions

Collaborate with national and international colleagues to learn from each other and gather data on which models of psychiatric response have been most effective.

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2. Historical lessons from previous significant outbreaks have demonstrated the importance of psychiatric services working in collaboration with community coalitions to proactively mobilize resources efficiently and effectively in order to respond successfully to the disaster-related mental health needs of affected individuals, family members and concerned significant others.

- **Challenges of the outpatient setting:** optimizing utilization and access to telepsychiatry services; strengthening phone-based crisis services and psychological interventions
- **Challenges of the inpatient setting:** units are not set up for aggressive infection control; staff and patients don't typically wear PPE; patients are ambulatory and interactive; treatment often requires more social interaction (i.e. attending groups, physical and occupational therapy, shared rooms and communal spaces for dining/bathroom/recreation); patients with severe psychiatric illness struggle with poor hygiene, activities of daily living (ADLs) and personal boundaries and can sometimes be agitated, violent and uncooperative (i.e. resist hygiene measures); elderly patients facing disposition barriers due to concerns at nursing homes and assisted-living facilities
 - All of these factors can contribute to higher risk for multiple patients and staff being exposed or infected before an identified individual with COVID-19 can be isolated and transferred to an appropriate setting → How can we best contain this risk while still providing quality essential services?
- **Challenges of the consult-liaison setting** are somewhat like the medical inpatient settings, in addition to concerns as above
- Encourage individuals to first engage with remotely available resources (i.e. tele & phone options) to streamline presentations to hospitals (where risk of transmission/infection can be elevated, especially for vulnerable populations) for only the truly high-risk individuals that cannot be supported remotely from home

CHALLENGES IN PROVIDING PSYCHIATRIC SERVICES

Guide medical colleagues in other disciplines on how to anticipate and respond to patients exhibiting emotional distress.

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EFFECTS ON PSYCHIATRIC ILLNESSES?

3. The effects of COVID-19 can potentially exacerbate pre-existing mental illnesses, and it is important to identify these vulnerable individuals early and provide appropriate support in order to prevent acute decompensation.

a. Mood Disorders

- Since mood disorders are strongly reactive to stress, exacerbation of mood symptoms and relapses of manic and depressive episodes may occur

b. Anxiety, Stress and Somatic Disorders

- Unprecedented ongoing spread of virus, absence of definitive treatment, and recorded deaths can easily exacerbate anxious rumination (i.e. getting infected, loved ones falling ill)
- Decreased perception of health and excessive worry even when minor COVID-19 related symptoms are present could have further somatic manifestations
- Triggering for individuals who have a history of other traumatic experiences

c. Obsessive-Compulsive Disorder

- Tendency for biased information processing may increase sensitivity to panic related to pandemic threats and worsen negative behaviors
- Potential amplification of contamination obsessions and cleaning/washing compulsions with complications of functional impairments, dermatitis, and inhalation injuries from overuse of toxic cleaning supplies

d. Psychosis

- Intensifying media coverage about the outbreak could worsen paranoia and shape delusional thinking (i.e. delusional parasitosis, medical/government mistrust, conspiracy theories related to infectious outbreak, misattribution of physical symptoms)

e. Substance Use Disorders

- Severe anxiety can precipitate relapse into alcohol and substance use in susceptible individuals trying to adapt to elevated stress levels
- Reduced access to alcohol due to business closures may lead to increased rates of acute withdrawal syndromes and presentation to hospitals for management of withdrawal (ambulatory or inpatient) or avoidance to reach out for help which could lead to serious withdrawal manifestations in vulnerable people
- Vaping/Smoking: Smoking suppresses immune function in the lungs and triggers inflammation. Both long-term smokers and e-cigarette users are at a heightened risk of developing chronic lung conditions, which have been associated with more severe cases of COVID-19

Eating disorders

- Individuals may be at high risk of relapsing or worsening symptoms due to infection fears, the effect of isolation, and the shortage of adequate support through treatment
- Infection fears tend to increase the feeling of not being in control
- People with eating disorders often manage a loss of control with a significant disruption of dietary or other extreme weight control behaviors such as restricting or binge-eating episodes
- The “quarantine”, creating the separation and restriction of movement, can contribute to the maintenance of the eating disorder psychopathology

It is unclear how COVID-19 may or may not interact with the efficacy and side effect profiles of psychiatric medications.

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4. The effects of COVID-19 may also precipitate the onset of new mental health-related symptoms in children, adolescents, and adults.

- Emotional distress reactions that may include anxiety, sadness, insomnia, anger, feeling unsafe, and increased rate of healthcare utilization due to fear of illness.
- Trauma related responses
- Elderly individuals are especially vulnerable to impact due to their higher risk for severe COVID-19 illness, baseline functional impairments, and social isolation.
- Children may demonstrate escalation of “acting out” or isolative behaviors, which can be affected by the nature of family dynamics at home with school closings and observation of coping skills being modeled by adults
- Children and adolescents are particularly at risk for post-traumatic stress disorder
- Increased health risk behaviors such as substance use, violence, interpersonal family conflicts
- Increased psychological burden on caregivers for individuals who are sick
- Grief reactions
- Due to the high stress environment, healthcare and frontline workers are highly susceptible to psychiatric manifestations such as depression, anxiety, and insomnia
- Progression to psychiatric disorders if symptoms are unaddressed and worsen

COVID-19 AND NEW MENTAL HEALTH- RELATED MANIFESTATIONS

PROVIDING PSYCHIATRIC CARE

- Connection to appropriate resources as noted above (i.e. tele/phone options, crisis lines, etc)
- Ensure patients have adequate supply of medications (i.e. providing extra refills for inpatient discharges; adjusting take-home guidelines for methadone dosing)
- Engage in efforts to reduce stigma
- Education for crisis de-escalation strategies for parents with children at home
- Promote inclusive, empathic, and patient-centered care to creative therapeutic encounters for patients

5. Psychiatrists and mental health practitioners can play a leadership role in collaboration with media and advocacy outlets, in addition to direct patient counseling, to influence positive behavioral change and the dissemination of clear, consistent, and accurate public health education.

- Clarify a message of “physical distancing” but encourage “social connection”
- Emphasize the benefit of behavioral activation and establishing a routine
- Inform about common psychological and behavioral responses to infectious outbreaks
- Explore ways to optimize modern technology and social media to promote well-being and communication while in “quarantine”, in addition to combating stigma
 - CDC-recommended behaviors to prevent virus transmission and exposure
 - Video chats to be in touch with family/friends; virtual multiplayer games
 - Apps or YouTube channels for meditation/yoga/exercise/diet/Cognitive Behavioral Therapy, etc.
 - Virtual arts/culture-based activities via online concerts, museum tours, TV/movie streaming services, educational courses
 - Avoid too much exposure to breaking news coverage that may exacerbate anxiety
 - Share inspirational stories from the front lines to build morale and motivate people to join in efforts to help others
- As there are likely people who will continue to leave their homes and utilize public spaces, consider harm reduction strategies for optimizing public health benefit (i.e. encouraging people to go to blood drives or donate essential supplies for hospitals or others in need; organizing fundraisers)

ROLE OF PSYCHIATRISTS & MENTAL HEALTH PRACTITIONERS

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