Mental Health and COVID-19: Primary Care Strategies

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Educational Objectives

By completing this educational activity, the participant should be better able to:

- 1. Identify impact of COVID-19 on mental health outcomes including triggers.
- 2. Describe likely presentations of psychiatric illness in the setting of global pandemic .
- 3. Apply treatment recommendations to daily practice, including identification of resources, management of psychological concerns, medication management, billing and coding.

Speaker Disclosure

Dr. Buck disclosed that she has no financial relationships with any ineligible organizations or commercial interests.

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Disclosure

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Objectives

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- Identify impact of COVID-19 on mental health outcomes including triggers.
- Describe likely presentations of psychiatric illness in the setting of an ongoing global pandemic.
- Apply treatment recommendations to daily practice, including identification of resources, management of psychological concerns.



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Recommended Resources https://thewellnesssociety.org/wp-content/uploads/2020/04/Coronavirus-Anxiety-Workbook.pdf https://www.apa.org/topics/covid-19 https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html

Acute Pandemic Concerns
 COVID clinic at JPS – third, third, third
 COVID pts – at increased risk of anxiety,

depression within 90 days of dx (Yolken, 2020)

■ Most patients – will do ok, BUT

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For Patients Recovering from COVID

ACUTE

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- Delirium
 - → Harder to prevent in current environment
- ◆ Psychosis
 - Especially in

LONGER TERM

- Help patients reconstruct memory gaps from ICU/Inpatient
- **Teaching Diaphragmatic** Breathing
- younger/older patients
 Encouraging family contact
 Increase social engagement in a safe way

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Symptom category	Clinical presentation and symptoms	Treatment recommendations
Medical trauma, acute stress disorder, and posttraumatic	Hypervigilance	Coping skills training for anxiety reduction, especially diaphragmatic breathing. Interoceptive exposure for dyspnea-related anxiety.
stress	Reexperiencing phenomena Experiential avoidance	Use of trauma-focused CBT (TFCBT), emphasizing exposure Incremental (re)engagement with primary care, telemedicine first (if necessary), followed by in-person encounters
Residual cognitive effects	Cognitive deficits: short-term memory, executive function, attention, and social decision-making	Brief assessments to screen/monitor deficits (O-Log, Cog-Log). Full battery neuropsychological assessment if impacting daily living
Fatigue and depression	Low-activity tolerance	Graded, incremental increases in physical activity, with an element of pacing to minimize patterns of overuse in favor of consistent, goal-directed behavior.
	Dysthymic mood	CBT for depression, emphasizing scheduled, and mood-enhancing activity (i.e., behavioral activation). Address unhelpful thoughts related to illness and recovery.
	Circadian dysregulation and insomnia	CBT-I, emphasizing standardization of wake time, maintenance of healthy stimulus control of bedroom environment during periods of convalescence
Social stress and readjustment	Social stigma	Preparing for and facilitating difficult conversations with loved ones, employers, etc.
	Isolation	Safe martialing of social supports. Behavioral activation focused on social activities.
Health anxiety	Fear of reexposure	CBT emphasizing coping skills and cognitive reframing. Controlled "media diet"

COVID Long Haulers

- ▼ Fatigue
 - Activity levels
 - Activity Pacing
- Memory issues
 - Set up structures (reminders, etc.)
 - ◆ Planning to plan
- Longer physical sx

2022 Anxiety

- COVID-19 anxiety
- Occupational stress Public facing
- Healthcare challenges Educational system
- Children's mental
- ◆ Post COVID Finances
- Racial Unrest
- Political challenges
- Increased anxiety & depression

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■ Normal, or whatever we've got close to it

- Most people could be positive on GAD-7 right now
- ◄ If patients are struggling, sometimes just talking about it helps (name it)

Virus (and 2022) **Anxiety**

- ◆ Anxious◆ Stressed
- ◆ Worried◆ Fearful
- ◆ Blue
- Down
- ⁴ Hopeless⁴ Overwhelmed
- Angry

Anxiety Treatment in General

- ◆ Social Support
- Avoiding Avoidance
- ◆ Relaxation
- Exposure
- AKA everything that is difficult when pandemic is in force
- ◆ *Role of a good anxiety assessment
- Regular anxiety treatment recs don't change!

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Action vs. Emotion Focused Coping Within My Control Building resillence Following the latest information and advice Focusing on what's important to me My information diet Ndy routine Relaxation Relaxation Relaxation Cultivating connection Eating well Exercising Seeking and offering support Voting and activism Outside My Control Other people's decisions Other people's health The news The government's actions Schools opening or closing The state of the healthcare system Flights and holidays being cancelled Traffic Public transport Aging The weather

Information Diet

- We are built to attend to threat... media knows this
- ◆ How to ID trusted news sources:
- gov, .edu
- Relaxation
- Exposure

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Information Diet

- We are built to attend to threat ... media knows this
- How to ID trusted news sources
 - gov, .edu
 - Has the story been covered by multiple outlets or just one?
 - Is the headline designed to catch your eye and make you feel something?

A Healthy News Diet

- ◆ Intentional!
- ◆ 30 min a day
- 1-2 times per day (breakfast/dinner)
 - Not right before bed
- ${\ \ }$ Check stories with a trusted person
- ◆ *Healthcare workers
- Blocking on FB
 - Avoid the "doomscroll"
- ◆ Digital Detox Days

Distraction

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Huge list of ideas in the (very good) Coronavirus Workbook

Safe, healthy activities *Substance use

Gratitude

- Works ANYTIME
- Retrains focus
- Gratitude Log
 - First thing in am/before bed
 - Benefit to sharing gratitude

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Social Connections

- How to make friends
 - Be a friend
 - Be of services
 - Faith institutions
- Small N needed for benefit

Loneliness

- Increase in loneliness (APA, 2022)
 - Watch out for seniors
- Loneliness interventions
 - Acts of service
 - Online groups
 - Exercise groups/settings
 - Faith based settings

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Exercise

- Almost any exercise sees benefit
- ◆ 30 min 3-5 times per week
 - Break into bits
 - Start small
- Online classes



Diaphragmatic Breathing

- Two keys:
 - MechanicsRate
- Ask pt to demonstrate
 - Shoulder breathing
- Laying down may help



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Taking Care of Ourselves

- ◆ All previous recommendations apply
- Waxes and Wanes

 - Waxes and Wanes

 PreCOVID data from JAMA Psych (7220)

 Resilience is inversely related to burnout

 BUT, physicians had higher levels of resilience that normal
 population, and still burnout exhibited in 29% of those in highest
 resilience group

 Takeaway-focus on systems ... resilience is necessary but not
 sufficient

 Targets for change:

 Tinefficient workplace processes, excessive workloads,
 and negative leadership behaviors'

 FM showed lower resilience

 Higher neurosurgery, prev/occ, EM, ortho,
 ophthalmology, rad onc, ENT

 My hypothesis → front line continuous work, burden of
 primary care

tend 12

<u>Notes</u>

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