



Mental Health and COVID-19: Primary Care Strategies

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Disclosure

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

Objectives

- ▶ **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.**





2020



Very bad, would not recommend.



2021



“Same as 2020. Would not recommend”



2022



MEDIOCRE SEASON.
NOT AS BAD AS 2021, BUT STILL
WOULD NOT RECOMMEND



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
- 



For Patients Recovering from COVID

ACUTE

- ◀ **Delirium**
 - ◀ Harder to prevent in current environment
- ◀ **Psychosis**
 - ◀ Especially in younger/older patients
- ◀ **Encouraging family contact**

LONGER TERM

- ◀ **Help patients reconstruct memory gaps from ICU/Inpatient**
 - ◀ **Teaching Diaphragmatic Breathing**
 - ◀ **Increase social engagement in a safe way**
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Table 1*Psychological Complications and Treatment Recommendations for COVID Patients Following Hospitalization*

Symptom category	Clinical presentation and symptoms	Treatment recommendations
Medical trauma, acute stress disorder, and posttraumatic stress	Hypervigilance Reexperiencing phenomena Experiential avoidance	Coping skills training for anxiety reduction, especially diaphragmatic breathing. Interoceptive exposure for dyspnea-related anxiety. 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 Dysthymic mood Circadian dysregulation and insomnia	Graded, incremental increases in physical activity, with an element of pacing to minimize patterns of overuse in favor of consistent, goal-directed behavior. CBT for depression, emphasizing scheduled, and mood-enhancing activity (i.e., behavioral activation). Address unhelpful thoughts related to illness and recovery. 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 Isolation	Preparing for and facilitating difficult conversations with loved ones, employers, etc. 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”

Note. CBT = cognitive behavioral therapy; O-Log = Orientation Log; Cog-Log = Cognitive Log; CBT-I = Cognitive behavioral therapy for insomnia.




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 health
 - ◀ Post COVID Finances
 - ◀ Racial Unrest
 - ◀ Political challenges
 - ◀ Increased anxiety & depression
- 



Virus (and 2022) Anxiety

- ◀ 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)

- ◀ Anxious
- ◀ Stressed
- ◀ Worried
- ◀ Fearful
- ◀ Blue
- ◀ Down
- ◀ Hopeless
- ◀ 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!



Action vs. Emotion Focused Coping

Within My Control	Outside My Control
<ul style="list-style-type: none">• Building resilience• Following the latest information and advice• Focusing on what's important to me• My information diet• My routine• Relaxation• Cultivating connection• Eating well• Exercising• Seeking and offering support• Voting and activism	<ul style="list-style-type: none">• 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





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?
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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


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

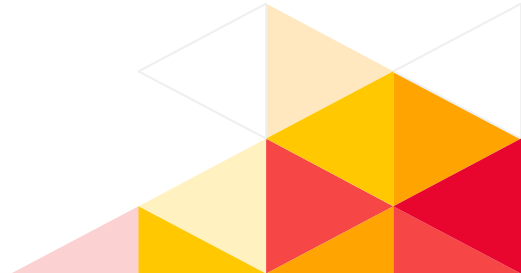


Exercise

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

Yoga class?

I THOUGHT YOU SAID
POUR A GLASS



Diaphragmatic Breathing

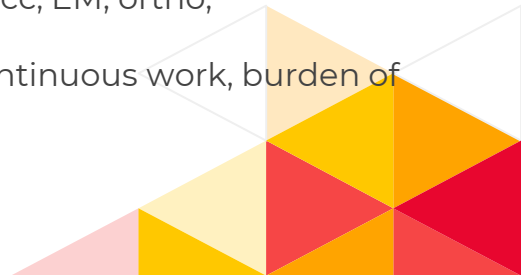
- ◀ Two keys:
 - ◀ Mechanics
 - ◀ Rate
- ◀ Ask pt to demonstrate
 - ◀ Shoulder breathing
- ◀ Laying down may help





Taking Care of Ourselves

- ◀ All previous recommendations apply
- ◀ Waxes and Wanes
- ◀ PreCOVID data from JAMA Psych (7.2.20)
 - ◀ Resilience is inversely related to burnout
 - ◀ BUT, physicians had higher levels of resilience than 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:
 - ◀ “inefficient 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





MENTAL HEALTHCARE FOR HEALTH PROFESSIONALS
Human connection made easy



Tend Health Offerings



COUNSELING



COACHING



CONSULTATION



COURSES

