COVID-19: Behavioral Health Impact

This meeting will be recorded and will be available at www.fmda.org/journalclub.php
FMDA Journal Club

May 27, 2020
Diane Sanders-Cepeda, DO, CMD – Presenter
Marc Agronin, MD – Special Guest
Agenda

COVID-19 State of the State

Behavioral Health Impact

Open Discussion
Total Cases
52,255

Cumulative Data for Florida Residents:

Positive Residents
50,916

Hospitalizations
9,482

Deaths
2,259

Data is updated every day at approximately 11 A.M. ET.
COVID – 19 Impact on Behavioral Health
“Reports from the 18th and 19th centuries suggest that influenza pandemics, in particular, have been marked by increased incidences of various neuropsychiatric symptoms, such as insomnia, anxiety, depression, mania, psychosis, suicidality, and delirium.”

Emily Troyer, Jordan Kohn, and Suzi Hong

*Brain Behavior and Immunity, 2020*
The Impact of COVID-19 on Behavioral Health

- Neuropsychiatric effects
- Frontline caregivers
- The psychology of staying-at-home
- Long-term care settings
- Lessons learned
Neuropsychiatric effects

- Coronaviruses can affect neural tissue and can have affects acutely and lingering for weeks to months afterwards
- In one study of COVID-19 patients in Wuhan, nearly 50% of infected had neurological symptoms including headaches, paresthesias, stroke and encephalopathy
- Many patients report “brain fog” related to hypoxia
- Elevated risk for psychotic symptoms and delirium, associated with cytokinemia
- Concern about post-infectious sequelae as seen with other viral infections

Frontline caregivers

Data from studying frontline caregivers in other pandemics have seen:

• Increased risk for acute stress reactions and PTSD
• Increased risk for anxiety, panic attacks, depression and suicide

A North American support team of psychiatrists and other MH professionals provided telephone and video contacts with Chinese heath care workers and found several stages of emotional change: bewilderment, shock, anger, anxiety burnout, and desperation.

The best time to intervene was during stages of anger and anxiety, with time-limited, professional therapeutic tools.

M Moran, Psychiatric News, April 17, 2020
“A pandemic of anxiety and stress”

A survey of N=1004 Americans aged 18 and older looked at reactions to the COVID-19 pandemic:

- I am anxious about getting the virus: 48.0%
- I am anxious about family/loved ones getting the virus: 50.8%
- I am anxious about spreading the virus to loved ones: 44.1%
- I am afraid of becoming very ill or dying from the virus: 39.8%
- The pandemic is having a serious impact on my mental health: 36.1%
- I’m worried about running out of food/medicine/supplies: 47%

The psychology of staying-at-home

- Social isolation, boredom and lack of stimulation
- Lack of access to stress-reducers: gyms, beauty salons, shopping centers, bars, etc.
- Lack of access to medical and mental health services
- Relapse in previously stable psychiatric illness
- Discord, abuse confined to the home
- Generational differences in outlook, needs and communication
Long-term care settings

• Residents are not only experiencing social isolation, but also confinement to their rooms, lack of exercise and sunlight, and reduced access to both medical and mental health services
• Boredom and lack of socialization
• Social isolation is not necessarily a new experience
• Video chats are a reasonable substitute for some time
• Increases in sadness, anxiety and failure to thrive may be long-term consequences of room isolation
Responding to the Mental Health Pandemic

- Mental health issues must be treated as both acute and long-lasting sequelae of the COVID-19 pandemic
- Patients need aggressive identification and treatment of mood and anxiety disorders, neurocognitive changes and delirium
- Frontline staff need “emotional PPE”: pre- and post-stress surveillance and reduction techniques, virtual supports groups and individual counseling on anxiety, depression, grief and post-traumatic stress reactions
- Long-term care residents need to be socially mobilized as soon as possible to increase family and staff contact and meaningful, stimulating activities
- Resilience can be boosted by giving and receiving support and empathy from others
Lessons Learned From One LTC Facility

- Multi-lingual staff education on stress identification and reduction is key, with a focus on deep breathing, hydration, breaks and sleep
- Daily staff huddles are key touchpoints for safe social gathering, providing updates, reassurance, inspiration and education (e.g., on staying safe, proper PPE), and opportunities to vent and ask questions
- Mental health hotline can provide confidential contacts
- Individual talks and counseling
- Referrals to professional mental health services
- Encourage mutual check-ins and “emotional pulse taking,” among ALL staff
- Virtual visits (via phone or video) and room-based activities via TV helped to engage many residents
Helping Healthcare Workers

We've collected resources to help those of you working in long term care and skilled nursing facilities during this time of crisis. We know that as caregivers in long term care, the threat of the virus is especially worrisome as you develop special bonds with the people you care for, often for many months or even years. We hope these resources offer ways for you to manage some of the stress and anxiety you may be feeling, and help you best care for your residents in the ways you normally do. If you have a resource you would like to add, please email us at: programs@paltcfoundation.

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