

Lindner Center
of HOPE |  Health™

Dealing with Mental Health Impact of COVID

Paul E Keck, M.D.

Chief Executive Officer, Lindner Center of HOPE
Lindner Professor of Psychiatry & Behavior Neuroscience
University of Cincinnati College of Medicine

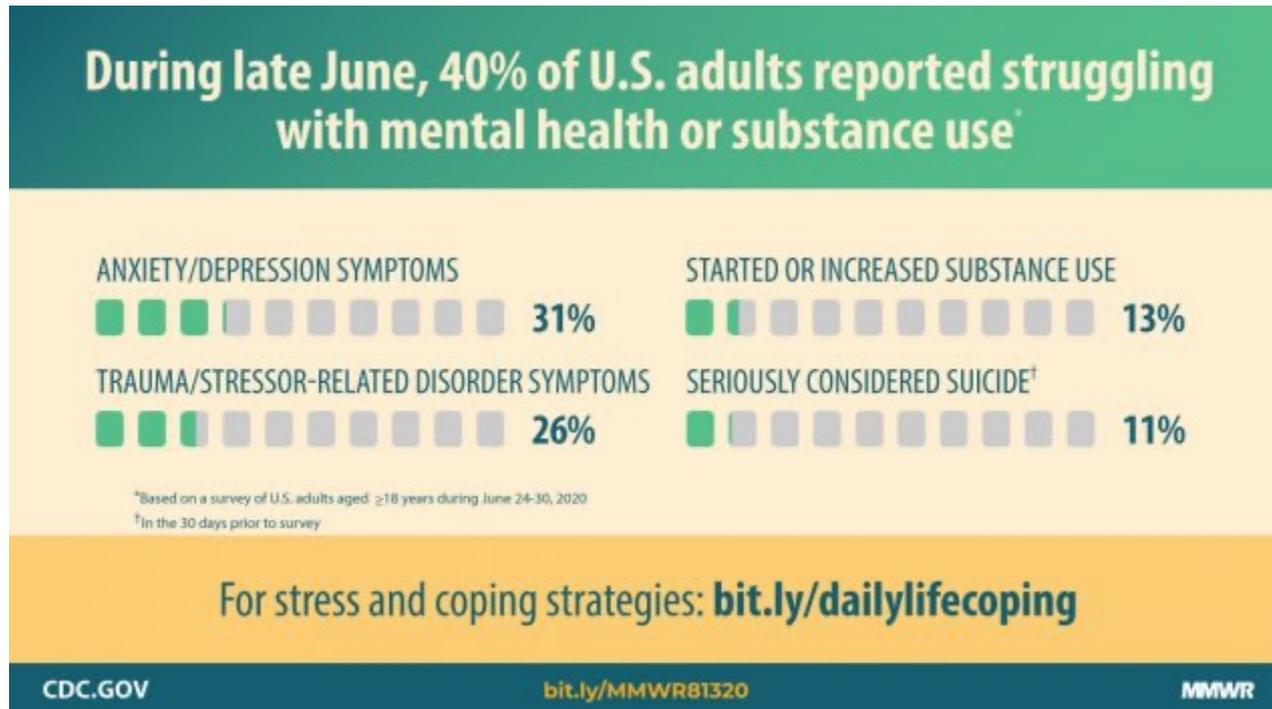
CDC Data on Mental Illness

- Data from April-June 2020:
 - 41% of US population reported at least one adverse mental health effect
 - 31% reported new onset or worsening of anxiety or depression
 - 11% reported suicidal thoughts
 - 25% (age 18-25) reported suicidal thoughts

All reports are at least 10% higher than prior to the pandemic

(CDC, MMWR, 8/20)

CDC Data



Global Impact of Pandemic on Mental Healthcare

- Pandemic has halted or disrupted critical mental healthcare in 93% of countries worldwide
- Pandemic has exposed shortage of mental healthcare resources and underfunding of mental healthcare (expenditures prior to 2020 were <2% of national health budgets worldwide)

(WHO newsletter 10/20)

Pandemic Impact on Healthcare Workers

- In previous pandemics, healthcare workers (especially front-line) are at greatest risk of negative psychological outcomes
- Wuhan study: nurses, women, young age, front-line status highest risk for negative psychological effects compared with other healthcare workers

(Huang et al. Chin Ind Hyg Occupational Med 2020: 38; epub)

Anxiety and Stress

- Stress – a response to a threat in a situation over which we have limited or no control
- Anxiety – a reaction to stress; a state of worry and hypervigilance
- Purpose – Protect us from harm
 - Tigers, Mastadons; the tribe across the river
 - Modern threats: job loss, health, crossing the street, etc
 - Regardless, the same neurological responses are triggered

Anxiety and Stress

- Anxiety is fear of what might happen in the future
- Sometimes this fear is rational, sometime not
- Can be immediate (rising to give a talk) or in the more distant future (saving for retirement)
- Trauma can occur when a relatively unexpected, potentially harmful event occurs that damages the victim's emotional or physical integrity and causes a feeling of loss of control
- Anxiety thrives on uncertainty and loss of control

Anxiety – A Public Health Issue

- Anxiety is the most common mental illness
- 30% lifetime prevalence in U.S.
- 37% of workforce every year
- 71% of workers with mental illnesses have never sought help from a medical or mental health specialist
- 217 million lost workdays each year due to productivity decline – more than the main “physical” illnesses combined

Pandemic Related Anxiety

The COVID-19 Pandemic is Uniquely Triggering:

- Invisible Threat (Who is Infected?)
- Ambiguous Threat (What is the Danger?)
- Uncertain Future (How Long Will This Last?)
- Mixed messages from the government and media
- “Prescription” of Social Distancing conflicts with standard recommendation to strengthen social supports during times of stress.
- 24/7 availability of news can cause overexposure, which can amplify stress and anxiety.

Pandemic Related Anxiety

End result:

Feelings of profound uncertainty and little ability to influence events; enforced social isolation; threat to jobs and financial security; impact on education and learning

Perfect storm!

Best case: Anxiety for everyone

Worst case: Collective trauma

Collective Trauma

What Do Past Experiences Tell Us?

1. Increase in mental illness after traumatic events
2. Covid-19 is behaving similarly to previous events
3. Economic downturns compound mental health strains
4. Ongoing socioeconomic stressors can extend the window for developing mental health symptoms
5. Mental Health is inseparable from physical health
6. Mental health consequences can be long term and lasting
7. We can mitigate some of these consequences

Managing Your Anxiety

Acknowledge and Accept your Emotions

1. Label what you are feeling – Don't turn away!
2. Play detective – understand your early warnings
3. Differentiate probable v. possible – avoid catastrophizing

Managing Your Anxiety

Take Action

1. Control what you can – Serenity Prayer
 1. Structure your time
 2. Take small, meaningful actions
2. Develop techniques for situations you can't control
 1. Mindfulness
 2. Compartmentalize
 3. Connect

LOWEST RISK



HOME ALONE OR WITH HOUSEMATES

- Stay home as much as possible.
- Try to allow only people you live with into your home.
- Wash your hands.
- If you're sick, stay home and isolate from housemates.

MODERATE RISK



OUTDOOR ACTIVITIES

- Wash your hands and don't touch your face.
- Stay at least 6 feet from people you don't live with.
- Wear a mask.
- Avoid shared surfaces, like swings or benches.

HIGHER RISK



OUTDOOR GATHERINGS

- Wash your hands and don't touch your face.
- Stay at least 6 feet from people you don't live with.
- Wear a mask.
- Don't share food, toys, and other items, and avoid shared surfaces.
- Participate in events like these infrequently.

HIGHEST RISK



INDOOR GATHERINGS

- Wash your hands and don't touch your face.
- Stay at least 6 feet from people you don't live with.
- Wear a mask.
- Don't share food, toys, and other items, and avoid shared surfaces.
- Open windows for better ventilation.
- Try to avoid gathering indoors as much as possible.

Mindfulness

- “The present moment is the only time over which we have dominion.”
- “Meditation is not evasion; it is a serene encounter with reality.”
--Thich Nhat Hanh
- “Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom.” --Victor Frankl

Managing Your Anxiety

Limit Anxiety's Impact on Your Effectiveness

1. Make Good Decisions
2. Practice Healthy Communication

Your Anxiety

Build, Sustain and use a Support System

1. Know who your “safe team” is
2. Get honest feedback
3. Practice Self-Care

Everyone Else's Anxiety

1. Higher than normal anxiety is expected and appropriate
2. Realize that someone's "over the top" anxiety may not be
 - a. Health
 - b. Financial
 - c. Family – School closures
3. Give plenty of:
 - a. Slack
 - b. Understanding
 - c. Validation

Everyone Else's Anxiety

Communication

Invalidating/Unhelpful (though well-intentioned):

- Quick fixes – “Have you tried Yoga? Lavender oil?”
- Dismissals – “Calm down.” “There’s nothing to be afraid of.”
- Broad reassurances – “Everything is going to be okay.”

Everyone Else's Anxiety

Validating/Helpful:

- Normalize
 - “It totally makes sense that we’re all stressed right now.”
 - “Trust me, nobody is doing their best work these days.”
- Self-disclosure
 - “The worst part for me is not knowing when all this will end.”

Everyone Else's Anxiety

Handling Rhetorical What-ifs

“What if... I have to quarantine and can't work? My spouse gets sick?, etc.”

- Remember:
 - Anxiety is fueled by uncertainty
 - Generating a plan creates certainty
 - Which reduces anxiety
- Help think through a plan without offering advice
 - “That’s a scary thought. What *would* you do?”

When to Get Professional Help

- Distress
 - Usual ways of coping are overwhelmed
 - Feeling of dis-ease
- Impairment
 - Symptoms are interfering with living life
 - Family, friends, work, school
- Mental Illness interferes with a person's ability to be fully themselves
- Treatment goal is always to feel fully “yourself” again

A Silver Lining?

- Telemedicine has grown explosively to address mental health needs and other healthcare needs.
 - Advantages: saves lives of people in need and providers; saves time and expense of travel to healthcare facilities; improves access to care for many more people; no masks!
 - Will it last? Uncertainties and limitations: Doctor-patient connection; cannot substitute for procedures, surgery etc.; will third party payors continue to support; access to technology?

Lindner Center of HOPE

- Opened 2008 – Mason, Ohio
- Nonprofit, National Psychiatric Center of Excellence
- Complete Campus of Care – every level of care, all ages
- Service Highlights:
 - **Comprehensive Diagnostic Assessment** in Serene Residential Setting (10 day)
 - **Coping With Crisis** 5-day Residential Therapeutic Restart
 - **Start the Conversation** 4-week journey for businesses wishing to initiate a workplace that supportive of Mental Wellness

(513) 536-HOPE (4763)

www.lindnercenterofhope.org

LCOH Physician Mental Health Program

Since relationship with LCOH began in 1/17

- 55 clinicians
- 524 outpatient visits
- 35 inpt days
- Have managed entire gamut of mental health challenges including suicidality, severe depression, but mostly well clinicians who need support

Cincinnati Coalition LCOH

- Every hospital group in Cincinnati has utilized the program
- Diagnosis predominantly depression
- Depression with secondary dx may be associated with greater morbidity
- Most clinicians do very well. Only 8% have required any work-related accommodation. Speaks to early intervention.
- Program has offered 1) simplified one-phone call process for those in need of mental health support, 2) a mechanism to provide administrative assistance when a clinician has a significant mental health challenge that involves Medical Executive oversight, and 3) compliance with ACGME guidelines mandating mental health support for trainees
- Mental health challenges common - we all need a deployable plan

Questions?

