



Psychiatry and the Pandemic

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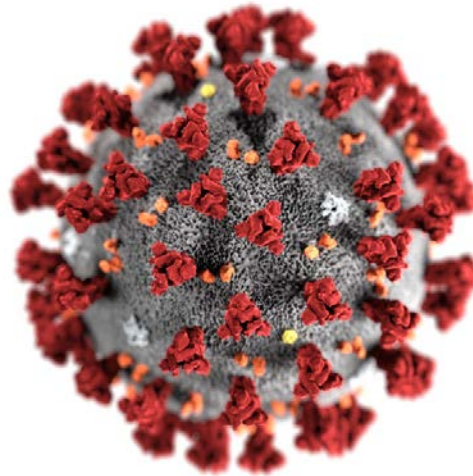
Disclosures

I have no conflicts of interest or relevant financial relationships with any commercial interests related to the content of this presentation.

Learning Objectives

- 1) Assess for and address various mental health issues, including depression, anxiety, PTSD, brain fog, and chronic fatigue
- 2) Build a multidisciplinary team, which includes behavioral health providers, to address post-COVID syndrome
- 3) Provide support to individuals, families, and communities regarding their grief for the loved ones they have lost both due to COVID as well as from other causes during COVID-induced restrictions

COVID-19



Unites States: ~33 million infected and ~600,000 deaths

Worldwide: 153 million infected and 3.2 million deaths

‘I have never felt so helpless’: Front-line workers confront loss

Doctors, nurses and first responders grapple with the enormity of what they've witnessed



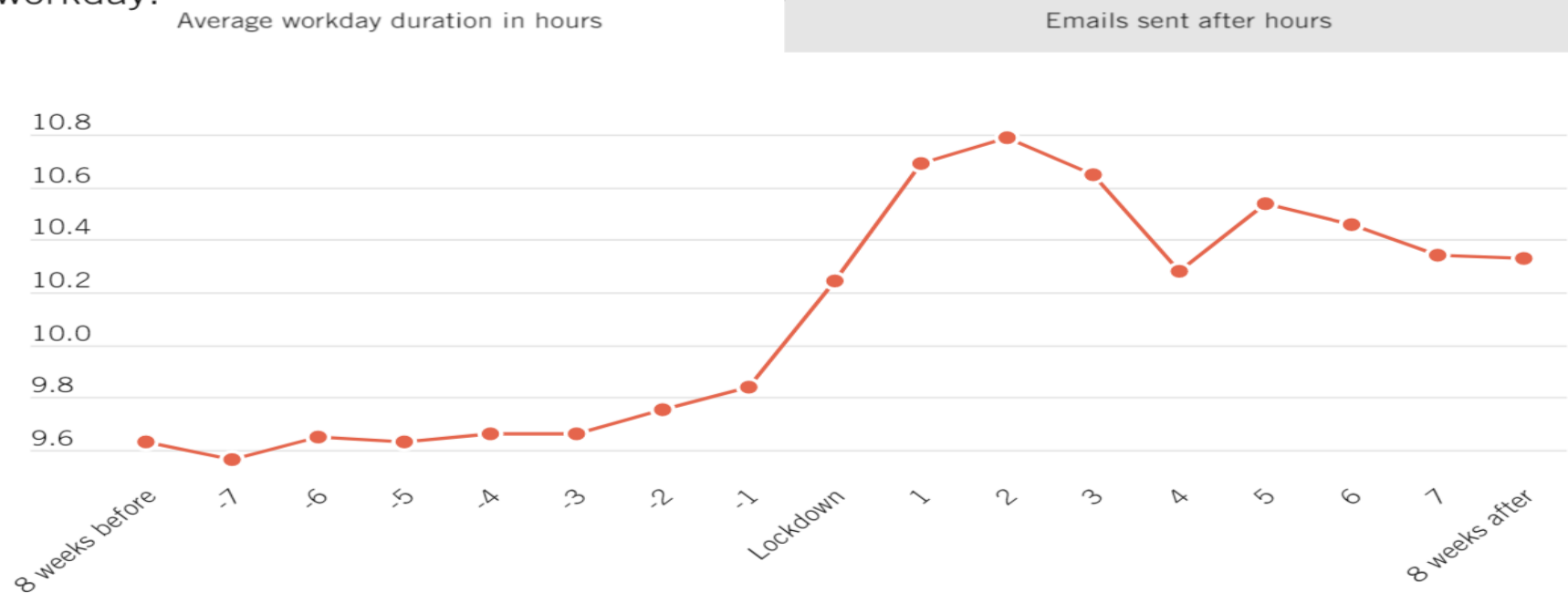
Structure and Routines Upended



Remote Work Takes Longer

Remote workdays blur the boundaries

Employees—presumably coping with more interruptions at home—started sending more emails after business hours when lockdowns started, lengthening the workday.



Source: "Collaborating During Coronavirus: The Impact of COVID-19 on the Nature of Work"

Loneliness, Loss, and Exhaustion



Economic Hardship



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Financial Problems Are Epidemic

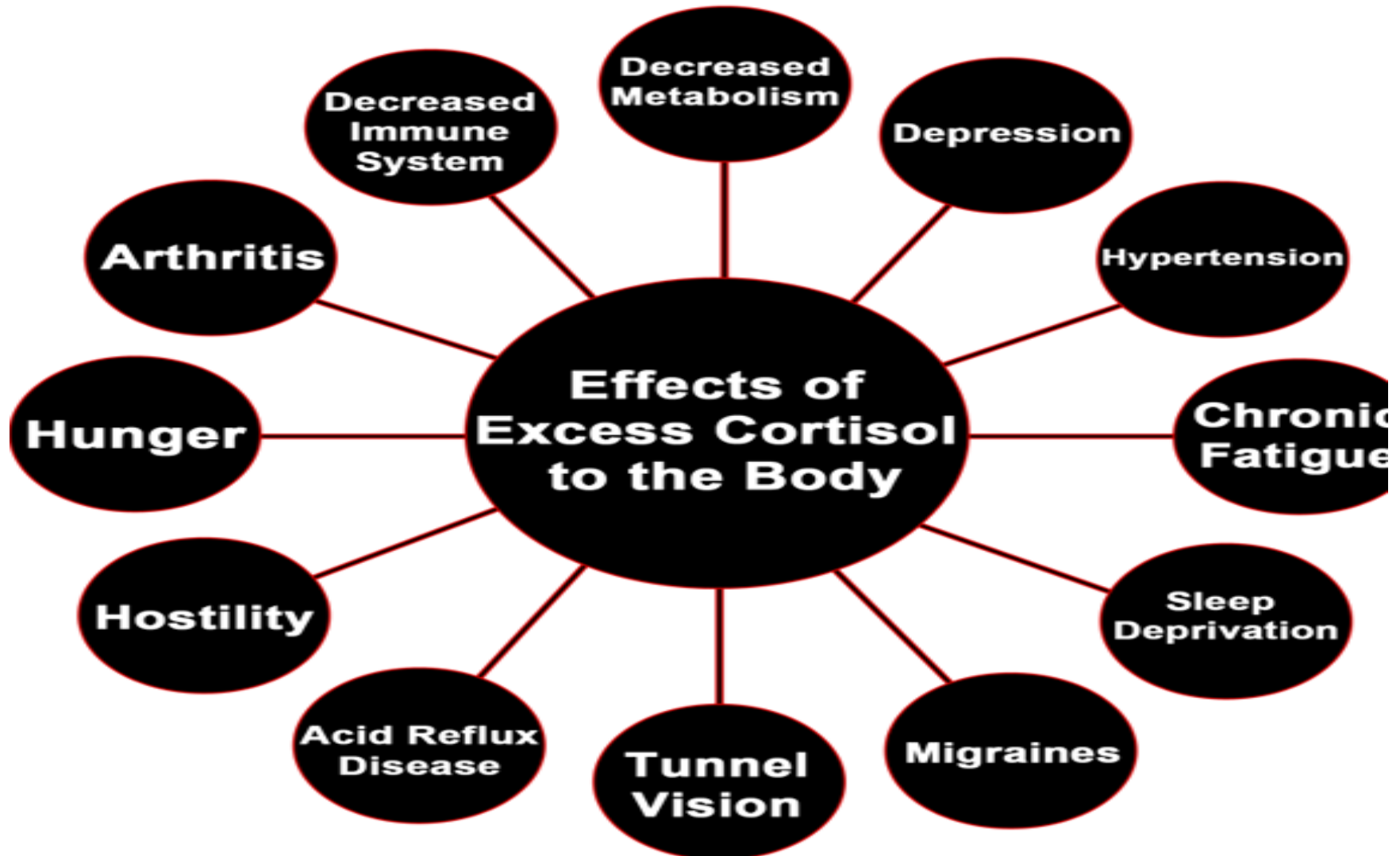
At least half of households in the four largest U.S. cities — New York , Los Angeles, Chicago, and Houston — report facing serious financial problems during the [coronavirus](#) outbreak.

Their worries include depleting household savings, paying credit card bills and other debts, and affording medical care.

The poll found that many of the cited problems are concentrated among Black and Latino households, those with annual incomes below \$100,000, and households experiencing job or wage losses since the start of the outbreak.

Racial Justice





The Consequences

Health

Coronavirus is harming the mental health of tens of millions of people in U.S., new poll finds



Health

The coronavirus pandemic is pushing America into a mental health crisis

Anxiety and depression are rising. The U.S. is ill-prepared, with some clinics already on the brink of collapse.

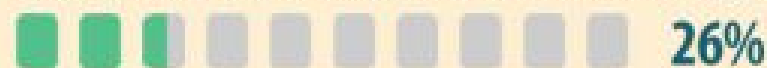


During late June, 40% of U.S. adults reported struggling with mental health or substance use^{*}

ANXIETY/DEPRESSION SYMPTOMS



TRAUMA/STRESSOR-RELATED DISORDER SYMPTOMS



STARTED OR INCREASED SUBSTANCE USE



SERIOUSLY CONSIDERED SUICIDE[†]

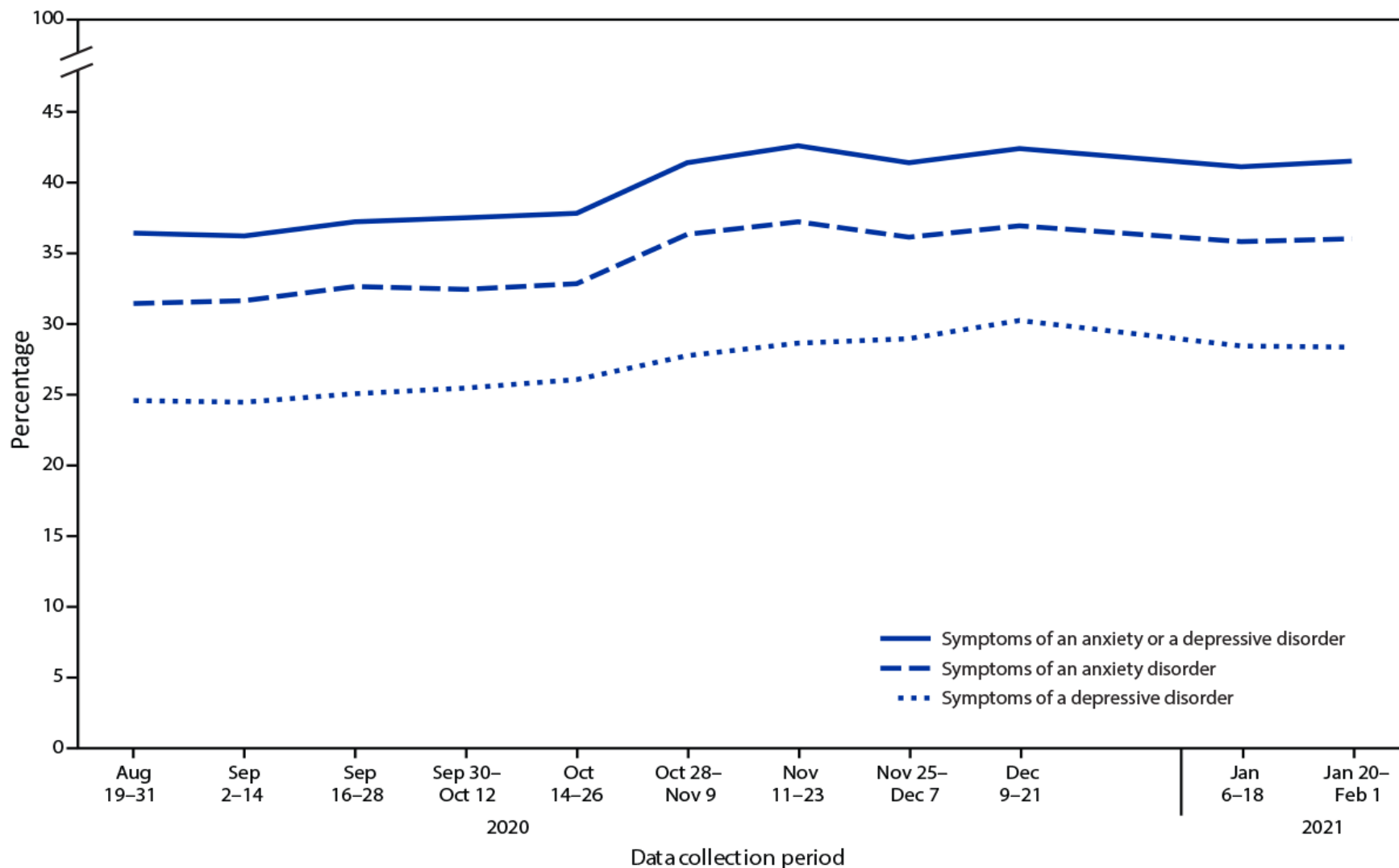


^{*}Based on a survey of U.S. adults aged ≥18 years during June 24-30, 2020

[†]In the 30 days prior to survey

For stress and coping strategies: bit.ly/dailylifecoping

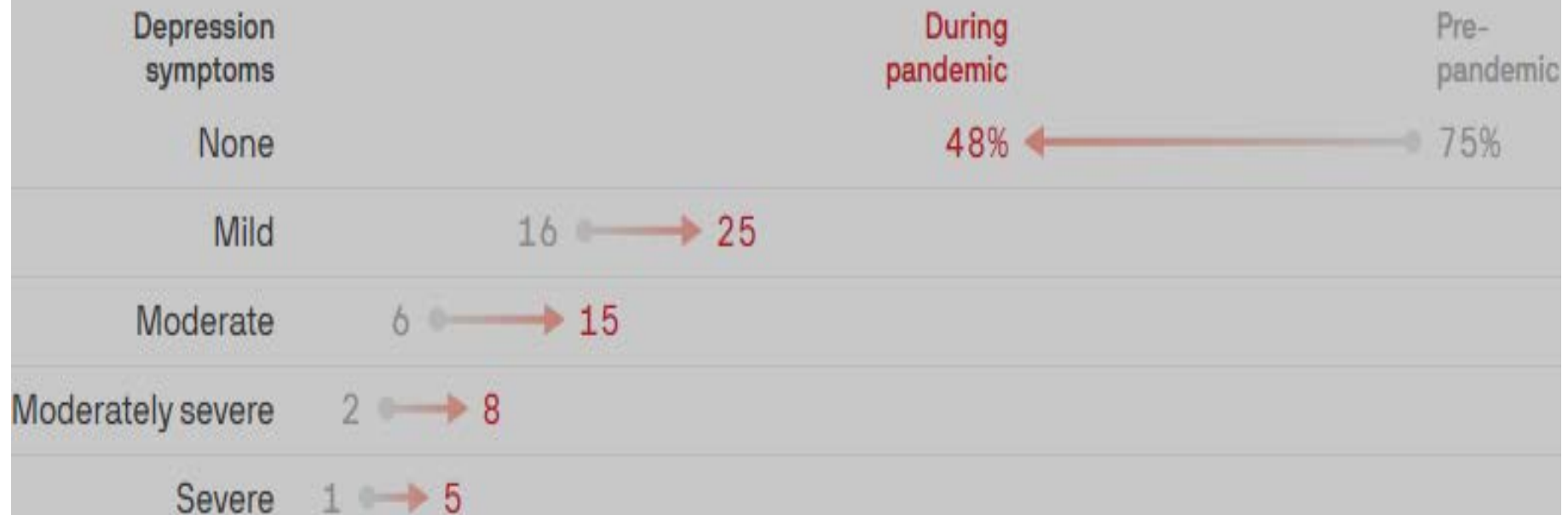
Percentage of adults aged ≥ 18 years with symptoms of anxiety disorder, depressive disorder, or anxiety or depressive disorder during past 7 days





Prevalence of depression symptoms in U.S. adults before and during the COVID-19 pandemic

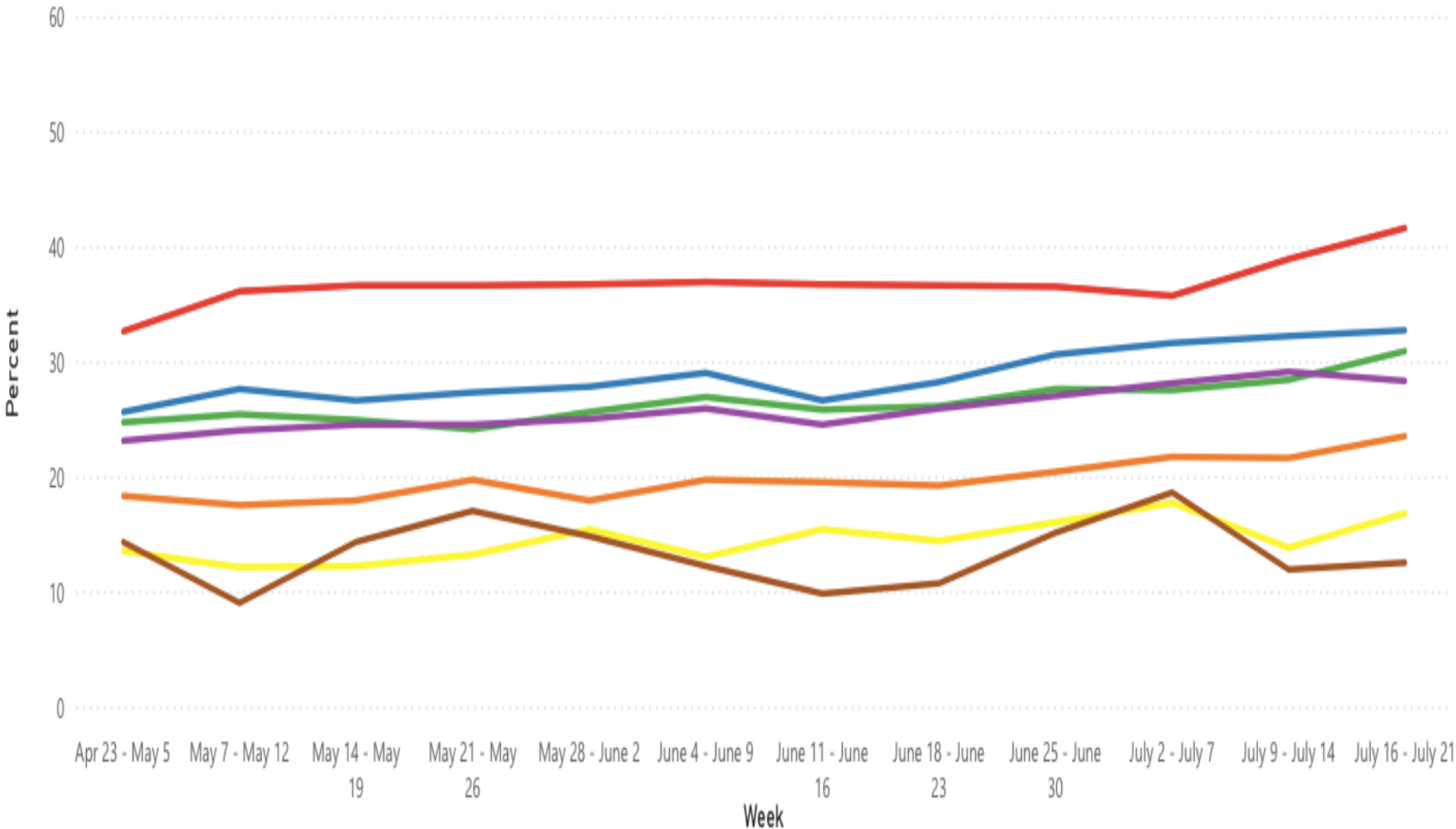
Pre-pandemic estimates from CDC survey, 2017-18, during pandemic estimates from survey of 1,441 respondents from March 31 to April 13, 2020



Symptoms of Depressive Disorder by Age



Subgroup ● 18 - 29 years ● 30 - 39 years ● 40 - 49 years ● 50 - 59 years ● 60 - 69 years ● 70 - 79 years ● 80 years and above



COVID-19 Itself Can Cause Symptoms



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Prevalence of psychiatric and neuropsychiatric signs and symptoms reported by acute and post-illness studies that used systematic assessments

	Acute	Post-illness
Insomnia	41.9% (22.5–50.5)	12.1% (8.6–16.3)
Anxiety	35.7% (27.6–44.2)	12.3% (7.7–17.7)
Impaired concentration or attention	38.2% (29.0–47.9)	19.9% (14.2–26.2)
Impaired memory	34.1% (26.2–42.5)	18.9% (14.1–24.2)
Depressed mood	32.6% (24.7–40.9)	10.5% (7.5–14.1)
Confusion	27.9% (20.5–36.0)	0.2% (0.0–0.7)
Emotional lability	29.4% (0.4–7.3)	23.5% (15.8–32.3)



SOLUTIONS



Hang in there everyone!

- Wait for things to go back to normal
- Vaccines are rolling out
- Schools, businesses, and society are beginning to reopen
- Government financial assistance

In other words ...

just wait.



In the meantime...

Poor coping with stress

- Overeating
- More screen time - phones, computers, binge watching TV
- Alcohol
- Drugs – marijuana, CBD, and opioids
- Burnout
- Exhaustion
- Learned helplessness – depression, anxiety, hopelessness, suicidal ideation

Critical Questions for YOU as a PCP



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- Mental health - Do you really want to go there?
- Do you have time?
- How are you holding up? Do you have the resilience and stamina?
- Do you know what to do?
 - Can you get your patients to open up?
 - What's the solution? Pills for everyone?
 - Overwhelming sadness and heartbreak with no quick fixes



Encouraging Adaptability

- **Meaning and purpose** – Victor Frankl
 - Why are you alive?
 - Who depends on you, and why?
 - Whom do you depend upon, and why?
 - How do you help other people in your community and the world?
 - How do you take care of yourself?
 - How do you provide for yourself and your family?
 - What are you passionate about?
 - What do you love doing?



Encouraging Adaptability

- **VALIDATE** the patient's experience
 - Grief, sadness, loneliness, financial problems, exhaustion, etc.
- **THEN, REFRAME.** They need to go on and adapt ... Why? Meaning and purpose, loved ones they have lost, etc.
 - If patients can get there, may be at high risk – likely require referral to specialty care
 - If patients can mobilize
 - Support their efforts
 - Offer suggestions (next slide)



Adaptability - strategies

- Take breaks from news and screens
- Take care of your body
 - Diet
 - Exercise
 - Sleep
 - Avoid excessive alcohol, tobacco, and substances
- Structure and routine – meaning and purpose again
- Make time to unwind – “have fun” and relaxation strategies
- Connect with others – individuals and community
- Change your environment – get outside, etc

Again... why are they doing all of this? Meaning and purpose.
NOT because they have depression or an anxiety disorder.



Mental Health Services

- Overcoming stigma
- How we frame the problem
- Medications for depression, anxiety, PTSD, insomnia. These do NOT replace the prior strategies, they augment them.
- Referral to mental health services
 - Difficult... even prior to pandemic
 - Most mental health clinicians now working remotely
 - Most mental health clinicians seeing fewer patients since pandemic
 - Nonetheless, if possible, identify providers that you can refer to
- National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
- Consider a practice-based solution
 - Identify clinicians who have time/resilience to do this work

Questions?
Thank you!



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