Is Mental Health the Forgotten Pandemic?

The effects of the COVID-19 pandemic on mental health

Objectives

01

Objective 1: Explore how the COVID-19 pandemic has affected the mental health of patients

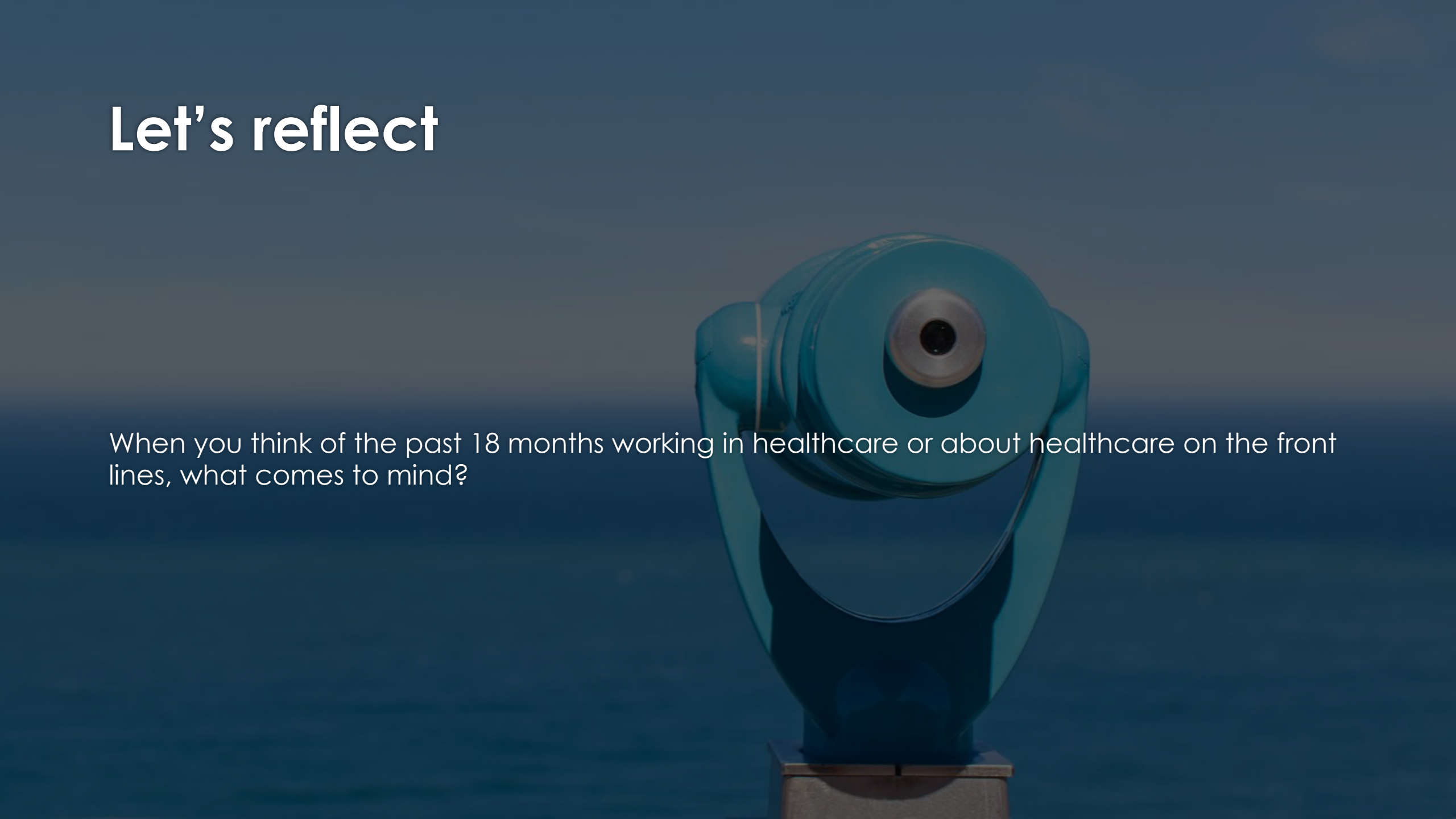
02

Objective 2: Review disparities and barriers surrounding mental health care that were exacerbated by the pandemic

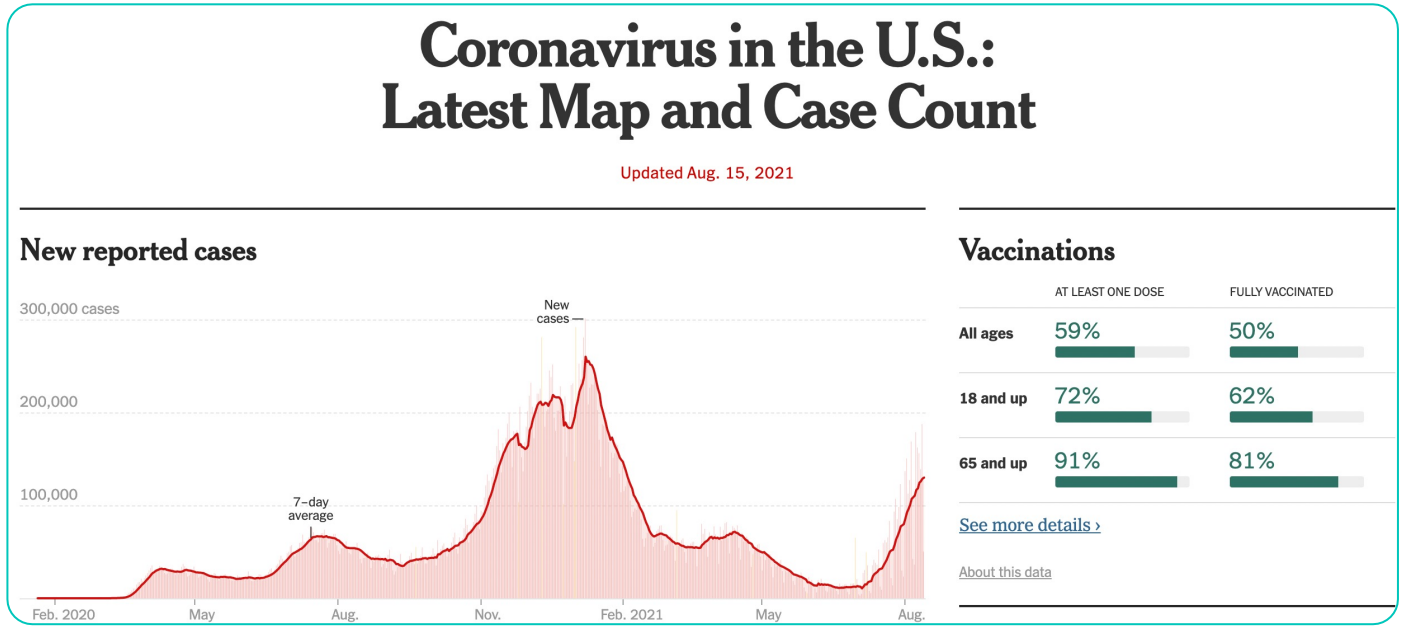
03

Objective 3: Discuss real solutions that you can apply to your everyday practice. Discuss new and creative solutions that can be applied to practice.

Let’s reflect



When you think of the past 18 months working in healthcare or about healthcare on the front lines, what comes to mind?



Increasing incidence of psychiatric conditions:

- Anxiety
- Depression/Suicidal ideation
- COVID-19 related trauma
- COVID-19 induced psychiatric illness
- Increased substance abuse and overdoses
- Exacerbation of other psychiatric illnesses

Compare Pre-COVID-19 Mental Health to Current conditions

- Statistical trends in mental health over the past year.

Compare Pre-COVID-19 Mental Health to Current conditions

Mental Health disorders

- Generalized Anxiety Disorder
- Major Depressive Disorder
- Trauma or stressor-related disorder, related to COVID-19
- Suicidal ideations

Current data

- High prevalence of depression based on PHQ9 scores – "more than 3-fold higher"[1] (JAMA article)
- August 2020-February 2021- study found that adults reporting recent symptoms of anxiety or depression increased from 36.4%-41.5%[2]
- 26% incidence of trauma or stressor related-disorder, related to pandemic [3]
- Increase in Suicidal ideations, but not necessarily suicide attempts (per early data)[3]

Compare Pre-COVID-19 Mental Health to Current conditions

Substance use disorders

- Alcohol use disorder
- Opioid use disorder/overdoses
- Amphetamine abuse
- Benzodiazepine use/abuse

Current data

- Increase alcohol use in beginning stages of the pandemic[4,6]
- Increase in opioid overdoses[5]
- Increase in opioid use disorder ED visits[5]


Why are we seeing this?

Pandemic-Related Stressors

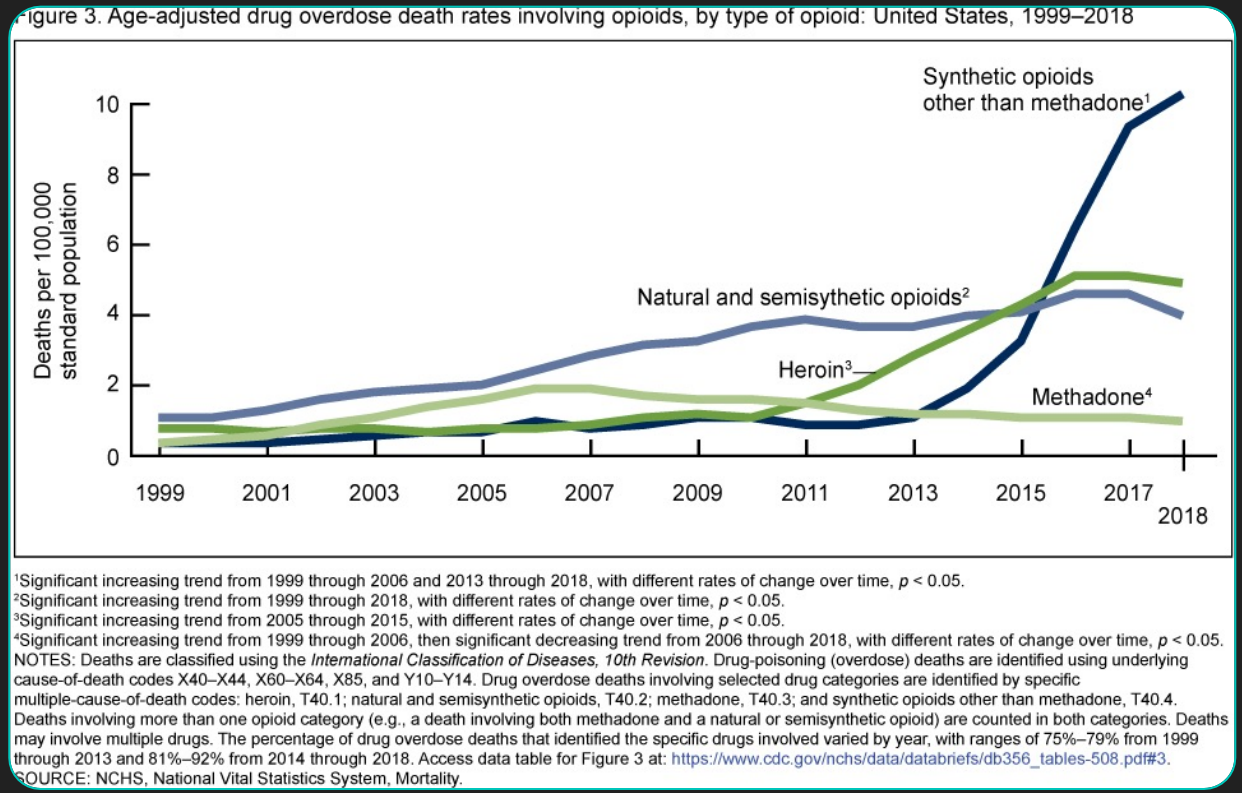
- Quarantine/social isolation or distancing
- Working from home/distance learning (increased demands and isolation)
- Grief
- Financial instability/lack of resources
- Food insecurity
- Job losses
- Shut down of activities ….

Pre-Pandemic Trends

Rates of opioid related overdoses and opioid use disorder were already increasing[8]

Rates of pediatric mental health emergencies were on the rise

Increasing prevalence of mental health conditions prior to the pandemic

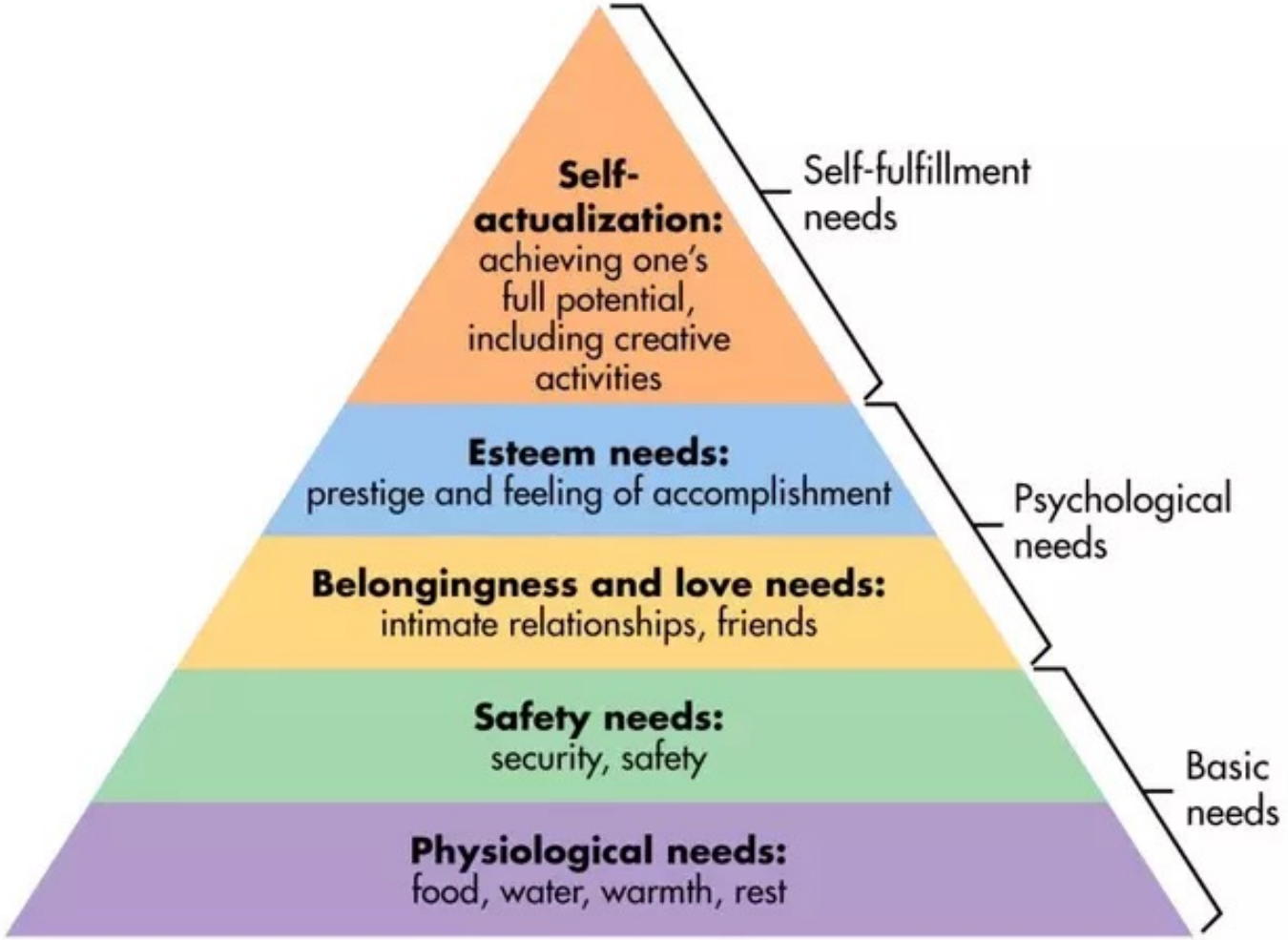


Barriers to Treatment

Socioeconomic Disparities

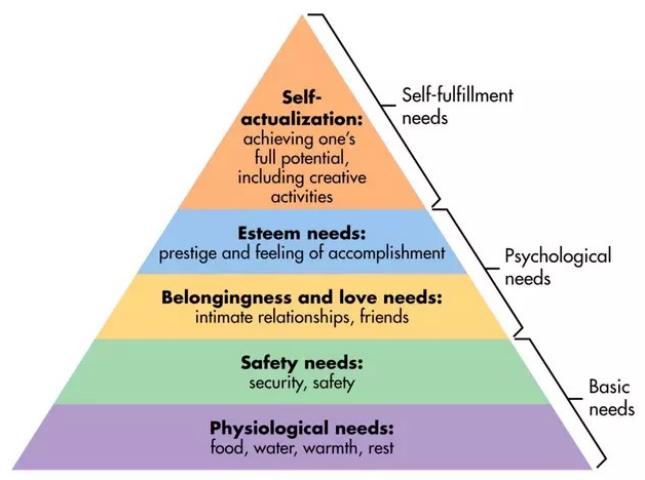
- Examples include: Homelessness, low-income households, lack of insurance, etc.
- Can result in decreased access to resources available
- Can be directly caused by stressors related to the pandemic, though these issues also existed before the pandemic
    1. Job losses
    2. Financial instability
    3. Food insecurity

Hierarchy of Needs



Consequences of Socioeconomic Disparities

All of the pandemic-related stressors on the previous page can disrupt your hierarchy of needs.



Can lead to increased incidence of depression and anxiety[1]

- Food insecurity is associated with a 257% higher risk of anxiety and a 253% higher risk of depression[10]
- Losing a job during the pandemic is associated with a 32% increase in risk for anxiety and a 27% increase in risk for depression. [10]

Access to Care

This overlaps frequently with socioeconomic disparity

Examples:

- Healthcare deserts: Lack of healthcare access in rural communities and in some urban areas where there may be limited access to health providers
- Lack of transportation
- Lack of phone/internet services
- Lack of time

Disparities for Racial, Cultural and Sexuality/Gender minorities

- Racial and cultural disparities existed prior to the pandemic. However, many of these disparities are exacerbated as a result of increased pandemic-related stressors.
- Prior to the Pandemic, Black, Hispanic/Latinx, Indigenous and sexuality/gender minority populations experienced:
  - Decreased access to care[11, 12, 13, 14]
  - Less timely and effective treatment[11]
  - Increased incidence of diseases now associated with comorbidity with COVID-19 (ex. Heart disease, diabetes, immune compromising disorders, etc.)
  - Experienced/perceived discrimination (which can lead to increased rates of depression)[15]

COVID-19 and Racial/Cultural/Sexuality and Gender Disparities

Higher rates of psychosocial stress among Hispanic Americans related to food and housing stability[10]

Higher prevalence of depression, suicidal ideation and substance use increase/initiation for Hispanic Americans[16]

Higher rates of COVID-19 and poor outcomes in these populations[11,17]

Decreased access to resources leading to higher rates of depression[11,17]

Increase in substance use[18, 11]

Disparities for Racial, Cultural and Sexuality/Gender Minorities

- Why the discrepancy?
  - Lower rates of insurance
  - Financial barriers
  - Medical mistrust
  - Discrimination at point of care

However, even with accounting for some of these reasons, there are still disparate rates of treatments and outcomes.

Mental Health Stigma

What is mental health stigma?

Why is it important?

How does it relate to COVID-19

Mental Health Stigma

- Definition: a mark of disgrace associated with a particular circumstance, quality, or person.

Mental Health Stigma

What does the American Psychiatric association have to say about mental health stigma?

Stigma can lead to harm

More than half of people who have mental illness do not receive help. Treatment is often avoided or delayed.

Three types of Stigma

- Public Stigma
- Self Stigma
- Institutional Stigma

Outcomes of Mental Health Stigma

- People with substance use disorders may be less likely to seek treatment from medical professionals due to perceived or experienced stigma.[20]
- Stigma can lead to fewer opportunities and subsequently less access to resources.[19]
- Poorer outcomes for people with high self-stigma.[19, 27]

Relevance to COVID-19 Pandemic?

- People with mental illness and substance abuse are more likely to contract COVID-19 and have poorer outcomes with the disease[21,22]:
  - 65% increased risk of contracting COVID-19
  - May be at higher risk of morbidity and mortality related to COVID-19 than general population
- People who contract COVID-19 are more likely to have a first diagnosis of mental illness 14-90 days after illness[21,22]

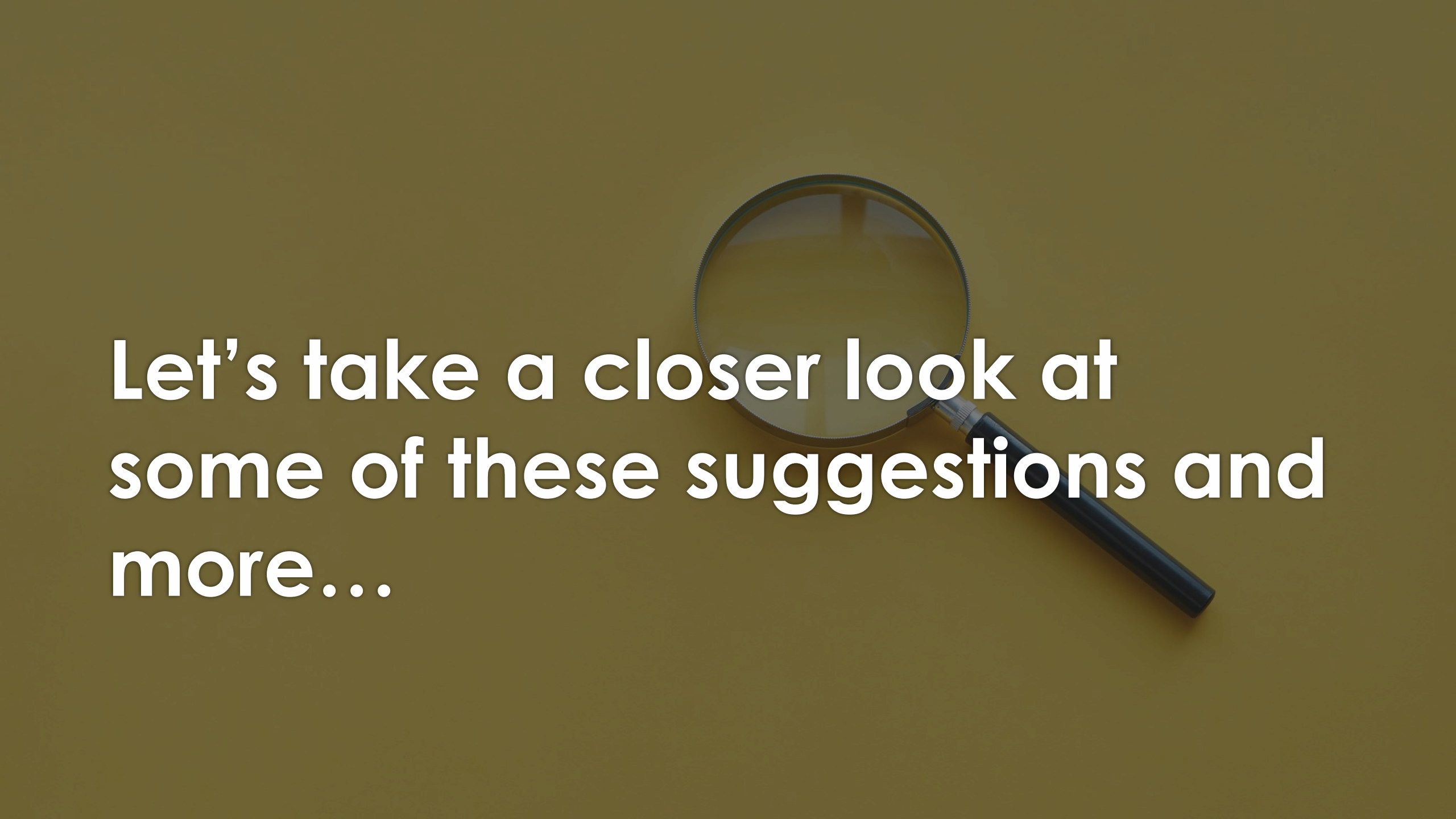
So how can we fix this??

Tools for Outpatient/Inpatient Setting

- Use of screening tools
  - PHQ9
  - GAD7
  - CAGE or AUDIT
- Look for risk factors/red flags
- Understand your biases
- Listen to your patient (use active listening techniques)
- Motivational interviewing Techniques
- Consult a specialist

Tools for Emergency Medicine Setting

- Understanding state laws for commitment
- Understanding criteria for inpatient admission
- Knowing signs of opioid intoxication and overdose
- Training with use of Narcan
- Screening tools
- Knowing community resources



Let's take a closer look at some of these suggestions and more…

Screening tools

Depression	Anxiety	Bipolar disorder	Substance abuse	Trauma-Stressor Disorders	Suicide Risk
• PHQ9/PHQ2 • Beck Depression Scale • Geriatric depression Scale	• GAD-7 • Beck Anxiety inventory	• MDQ (Mood Disorder Questionnaire	• CAGE • AUDIT • DAST-10 (Drug Abuse Screening Tool)	• PTSD Screen for DSM-5 • PTSD checklist for DSM-5	• Columbia Suicide Severity Rating Scale (C-SSRS) • ASQ (Ask Suicide-Screening Questions)

Signs that your patient may need further assistance or may be in crisis

- Dramatic shifts in mood, eating patterns and sleep
- Withdrawing from people and activities
- Low energy
- Unexplained aches and pains
- Hopelessness/helplessness
- Excessive worry or guilt
- Thoughts of harming oneself or someone else
- Decreased functioning
- Decline in personal care
- Illogical thinking
- Unusual behavior

Risk Factors for Poor Behavioral Health Outcomes

Previous suicide attempt	Comorbid substance abuse	Social isolation/limited support system
Job problems/job loss	Serious illness	Impulsive/aggressive behavior
Financial or Legal issues	Relationship issues/sexual violence	Easy access to lethal means

Understanding Your Own Biases

"There's a Fruit-loop in room 1"

"He's homeless, he's just malingering"

"Well he's had 19 suicide attempts. If he hasn't gotten it right by now…"

"It's psych so we really shouldn't have to see these people"

"They don't belong in the ER. It's taking up a patient bed"

Listen to Your Patient

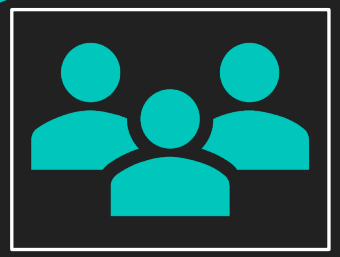
- Active listening
  - Remain neutral and non-judgemental
  - Get rid of distractions
  - Use verbal and non-verbal signs that you are listening
  - Ask questions, reflect back what is said, summarize
- Empathetic listening[23]
  - Listening quietly without engaging in problem solving
  - Focus on conveying empathy and not on changing the person's perspective
  - Slow down – give the patient time to express themselves
  - Relaxed body posture

Know Your Community Resources

- Crisis Hotlines
- Local sliding scale treatment facilities for patients who have no insurance or are low income
- Community based resources (such as ACT teams and resources connected with the community)
- Higher levels of care:
  - Intensive outpatient programs
  - Partial hospitalization programs
  - Residential treatment programs
  - Inpatient psychiatric and detox units

Ways we have improved and where treatment may be headed

Telemedicine



Can improve for patients:

Access to Care

Reduced waiting times

Decreased travel time and costs

More opportunity for patients to get diverse population of providers (ie. Providers that speak their native language or who may identify with specific groups culturally

Can improve for provider:

Flexibility in scheduling appointments

Allow a safer environment for evaluation

Allows for remote consultation of other colleagues for assistance

Telemedicine and Other Technology

- Use of health apps: mindfulness, sleep/insomnia aids, and targeting depression, anxiety and substance abuse
- Use of psychotherapy via telemedicine
- VR for treatment of specific psychiatric disorders (ie. phobias, PTSD)[24]
- Use of technology for early diagnosis, treatment and better prediction of treatment outcomes for patients[24]

Access to Medication Assisted Therapy (MAT)

- MAT= Medication Assisted Therapy
  - Buprenorphine
  - Methadone
  - Naltrexone
- Changes made during the pandemic:
  - Relaxation of Federal regulations [25]
  - New programs for delivery of MAT to people with less assess (NYC program) [26]

Access to MAT

- MAT waiver training – understand how these medications should be prescribed, differences in uses and how they are available, benefits, risks and precautions
- Current requirements for patients to receive care vary form state to state
- Understand other methods of helping with substance use disorders with medications (ex – Naltrexone and Acamprosate for AUD)
- Be sure to utilize therapy resources or give realistic referrals for patients with substance use disorders
  - Individual therapy or psychiatric referral
  - AA or NA meetings
  - Intensive outpatient Programs
  - Residential Treatment Programs

Community-Based Care

Embedding of mental health resources in community locations

- Schools/After school programs
- Churches/ Community Centers
- Civic organizations
- Jails
- Libraries
- DSS

Paramedicine[28,29]

- Post overdose response teams
- Trains EMS providers who treat patients with overdose
- Give Narcan and transfer to local mental health facility if they do not require further hospital treatment
- Initiate Medication assisted therapy and treatment of opioid use disorder

ACT team services

- Assertive community treatment team
- Multidisciplinary team that provides individualized services to each client by going into the community
- Requirements and conditions treated may vary (tends to be for more severely mentally ill)

Mental health First Aid Training

- Skills based training course that teaches participants about mental health and substance-use issues
- Covers Depression/mood disorder, anxiety disorder, trauma, psychosis and substance use disorder

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