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COVID-19 IMPACTS: ADDRESSING MENTAL HEALTH ISSUES IN ADULTS

Webinar date: **May 11, 2021**
Recording, Slides and Resources: https://ubccpd.ca/covid-19-impacts-addressing-mental-health-issues-adults

Disclaimer: Information on COVID-19 is changing rapidly and much of the research is preliminary. Assessment and management protocols are suggestions only; they do not take the place of clinical judgement. Please check with your own health authorities and local medical health officers as policies and support for the suggested approaches to patient care may vary between regions.

This summary was prepared by Dr. Birinder Narang and not by the speakers.

Webinar Summary

COVID Stress Study – Dr. Steven Taylor

- COVID Stress Study
    - Most people are resilient to stress
- Evidence for:
    - COVID Stress Syndrome
        - Adjustment disorder: xenophobia, nightmares, intrusive thoughts, worrying about socioeconomics, checking body/media compulsively leads to features of multiple psychiatric conditions.
    - COVID Disregard "Syndrome"

Impact of COVID-19 on Mental Health – Dr. Kathryn Fung

- Systematic review of prevalence of symptoms of depression, anxiety, trauma and other forms of psychological distress in general population during the pandemic.

- Risk factors associated with distress measures:
  - Female gender
  - Age ≤40
  - Presence of chronic/psychiatric illnesses
  - Unemployment
  - Student status
  - Frequent exposures to pandemic-related social media/news
- COVID-19 pandemic is associated with highly significant levels of psychological distress that, in many cases, would meet the threshold for clinical relevance

Question & Answers

Q: For those who have had COVID-19, what short- and long-term mental health sequelae are you seeing? Recommendations for management?

A: In the chronic and post infection phases, depression, anxiety, and PTSD are common. In the acute phase, we can see all of those illnesses. There is a correlation of illness severity and burden of psychiatric/psychological impairment. In the post COVID phase, those who were hospitalized and in ICU, are most likely to have a PTSD-like syndrome. We are also witnessing people who had a relatively mild infection, in how they were infected physically and in respiratory function, who then develop a moderate to severe post COVID state.

There are still questions of whether this is related to immune dysregulation, inflammatory response or microvascular changes, microvascular thrombosis or a change in the blood brain barrier. Is it medication related? What has the psychosocial impact been?

Individuals with post-COVID and individuals who haven't had COVID, all live with the same pandemic restrictions.

There is a lot to learn regarding etiology. Treatments that are similar to what you would do for conventional depression, anxiety and PTSD, are effective in this population as well.

From COVID, we can expect overall burden to rise. An increase in relative burden from anxiety/depression increases >1/4 of overall burden.

Q: Seeing burden illness expanding and being brought to our attention more, are there are signs that us as a Family Physician in the community can see when things are deteriorating? Anything we can do to prevent deterioration?

A: People that have severe substance use disorders are not doing well, as they require a lot of in-patient services that are not available right now. Individuals who are older adults and who have severe substance use disorder, would be at a higher risk if you stop having contact with them. We are seeing new onset of dementia in some patients who have had COVID. Patients with schizophrenia and bipolar

affective disorder will be negatively impacted by the lack of in-person services. They are likely having worsening pre-existing conditions. Hoping that with the introduction of virtual supports that there will be an opportunity to scale up services.

With virtual care, from primary care perspective, patients are more direct with what they need, so more screening questions are often warranted. Some patients in the downtown Eastside, who have comorbidities and haven't engaged in their health, are showing a spontaneous desire to take better care of their health amidst the pandemic.

There is a paper published in National Academy of Science, showing that in families, with every COVID-19 death, there are an average of 5 immediate family members bereaving. We don't have resources right now to prepare for prolonged grief, and need to start preparing for this now.

Warning signs: guiding principles of psychiatric diagnosis remain the same, differentia normal stress vs. adjustment disorder vs. relapse of underlying diagnosis. We have to be cognizant to avoid over-attributing symptoms to the COVID-19 pandemic. Consider how the distress may be manifesting as other behaviours e.g. eating disorders, increased alcohol consumption, avoidance of appointments.

Not seeing patients is a major red flag right now.

Q: Recently had heard the term "languishing", to apply to how many people who may not have a formal diagnosis but may describe how people are feeling. Anything coming forward on how we start to support this broader population?

A: The social restrictions have made things very difficult. A comprehensive review has been published by the WHO "Pandemic Fatigue". It's a progressive amotivational state, burnout re: COVID. Not quite depression, it's a "light" depression. Progressive decline in adherence to social distancing. Mask wearing did not decline, perhaps because they were mandated. Exercise and internet/phone apps can be helpful but be careful to avoid apps that do not benefit support well-being.

Q: Patients are experiencing burnout from work-from-home in part due to the lack of boundaries of time and space, allowing people to decompress. Does anyone have recommendations to help re-establish healthy routines?

A: The Mental Health Commission of Canada (MHFA.CA) has mental health first aid guide. It has a practical and easy to use guide and has a pre-printed list of self-care resources and tools. Once a plan is made and written down, make sure follow up on it at next appointment. Try to break the cycle of languishing by activating the patient.

BounceBack does have supports for youth now and a full list can be found in the resources section. Through Pathways, you can email forms to patients from an unidentifiable source.

Q: Any change in eating disorders through the pandemic?

A: Challenging for people who are predisposed to eating disorders, particularly at the beginning. A lot of the messaging around not going out, not going to store, etc., can make eating disorders worse for people prone to restrictions. This messaging can also be detrimental for people with binge patterns and loss of support, loved ones, and finances can all compound issues.

Looking at research from the United States, there was a weight gain of 6-10 pounds through pandemic. In places like Bangladesh, rates of starvation went up, as people couldn't work and feed their families. Pandemic often bring out extremes, i.e. weight gain, loss, altruism/stigmatization.

Q: What do panel physicians do in their lives to help decompress?

A: Lack of human contact has been a hurtful thing and using virtual spaces for meetings around personal comments/concerns, setting up encounters with friends online without a work motif may be helpful. It is also possible to do sports related activities outside. Maximizing social connection.

We have had some opportunities to maximize the benefits of the extra time gained from lack of commuting. Little things have come up to lighten load, including transitioning some meetings to virtual.

Using local resources in their areas of interest can support troubleshooting efforts.

Q: Any early indicators of post-pandemic resilience, similar to post-traumatic resilience post 9/11?

A: Hard to see what true resilience is, as pandemics are a dynamic phenomenon. Finding evidence in research on post-traumatic growth, not bouncing back to where you were, but growing through it. Half of the people we have surveyed were not infected with SARS-COV-2, which brings hope. Have received responses like improved gratefulness and mindfulness. Some of it is a self-identified though, can measure it through scales. Seeing signs of early growth, but do not know whether it will be sustained.

Q: Any key takeaways for the audience?

A: Resilience, hard to predict people who will have new or worsening mental health outcomes. Most people are adaptable and resilient. As human beings we are a bit too adaptable. There have been about 20 pandemics in the past 200 years. Although feeling distress now, there is a good chance it will abate post pandemic.

We must continue to screen patients, especially those in the post-COVID or long COVID phase. A positive screen may not translate to a formal diagnosis though. For many people they are having a very normal response to an abnormal response. Around half of the patients referred from post COVID clinics that have screened positive don't fit a DSM-V criteria. We must keep championing vaccination.

Being familiar with available resources will be important.

Some key pearls include self-care, exercise and healthy diet, make social connections, a priority and limit time on social media. Try to be outside as much as possible. Promoting nature through a park prescription.

Resources

- Pandemic fatigue: Reinvigorating the public to prevent COVID-19
- Mental Health First Aid
- Pathways BC (community resources)
- Comprehensive list of all resources
- Park Prescriptions
- Bounceback BC

Thanks to the speakers on the video:

- Dr. Ashnoor Nagji, MD, CCFP, Family Physician, Clinical Associate Professor, UBC; Vancouver Division of Family Practice Primary Maternity Care Network Committee Chair
- Dr. Grant Millar, MD, FRCPC; Physician Lead - Consultation Liaison Psychiatry, St. Paul's Hospital; Clinical Instructor, University of British Columbia
- Dr. Daniel Vigo, MD, Lic. Psych, DrPH; Assistant Professor, University of British Columbia; Scientist, Centre for Health Evaluation & Outcome Sciences
- Dr. Kathryn Fung, MD, FRCPC, Psychiatrist; Clinical Associate Professor, UBC; UBC Program Director – Undergraduate Psychiatry; Medical Lead – BC Medical Quality Initiative – Medical Staff Practice Enhancement Panels.
- Dr. Steven Taylor, Ph.D., R.Psych; Professor & Clinical Psychologist, University of British Columbia
- Dr. Christie Newton: MD, CCFP, FCFP, Associate Professor, Associate Head Education and Engagement, Medical Director UBC Health Clinic, UBC