



The Impact of COVID-19 Pandemic on Mental Health – HIV and Beyond June 18, 2020

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Overview

- Is the mental health effect of the pandemic for people with HIV different than that of the general population?
- What are the mental health impacts for different populations including
 - Healthcare and other essential workers.
 - Those impacted financially and economically.
 - Those with risk factors associated with poor outcome and the virus (co-morbid health conditions, older age, general obesity or poor health). [households with high risk individuals]
 - Those testing positive or with a loved one testing positive or deceased.
 - Children, Adolescents or Adults with children in the home.

Overview Continued

- Screening, prevention and treatment on an individual level.
- Intervention and change required on a systemic level.

Beware The Ides of March 2020

- What happens when there is sudden, rapid and unexpected change:
- For everyone, there is disruption of equilibrium of every system.
- This change produces a strong desire to return to homeostasis. (read: the new normal). Constant dis-equilibrium is not an option.



With Sudden and Dramatic Changes – There Is Grief

- Large sudden changes or losses have the effect of potentially causing a “loss of the assumptive world”.
- *“Assumptive World: Organized mental schema containing everything a person assumes to be true about the world, the self, and others on the basis of previous experiences”*
- Loss of previously strongly held assumptions, expectations and beliefs. This is what creates traumatic grief and loss. This may be a large part of everyone's experience at the present time.
- **This is yet another driver to create “A new normal”.**

What is often called: A New Normal



And A Desire For Homeostasis

- Homeostasis cannot be forced or rushed, it is a natural, organic process

Mental Health Effects of Quarantine - General

- For all of us, those with HIV, those who do not have HIV, what are the effects of quarantine on Mental Health?
 - To be clear, most people are not in a state of quarantine:
 - There are mandatory “stay at home” or “shelter in place” orders.
 - In a state of quarantine, a person is not permitted to leave there home, period.
 - Some in this pandemic have been quarantined for up to 14 days or longer, when they have tested positive for COVID-19 or shown symptoms that are suspicious of it.
 - Even though most have not been in a state of true quarantine, there are still effects on a person’s mental health that can be measured and inferred from past quarantine situations.

What was the state of mental health in America prior to COVID-19?

- Not so great.
- We were amid two simultaneous epidemic mental health problems: Suicide, and Opioid Addiction.
 - From 1999 – 2018 the suicide rate increased 35%.
 - From that same period, overdose deaths tripled.
 - In 2018 there were 67,000 intentional drug overdose deaths.
 - Behavioral health related emergency department visits increased 25% between 2017 and 2018 alone.
- So mental health is already not so good, then along comes COVID-19:

National Center for Health Statistics, 2020



From preliminary data and speculation it seems:



Impact to Mental Health – Specific Populations

- Patient's with HIV/AIDS:
 - At the pandemics beginning, two questions were being asked with regard to those with HIV.
 - Would regular use of ARV's for HIV afford some protection against the virus?
 - Would people with controlled HIV have different or poorer outcomes if infected with COVID-19
 - The answer to both seems to be no.
 - And yet, many with HIV perceive themselves to at as high a risk for serious illness from COVID-19 as those who have co-morbid chronic lung disease, asthma, serious heart conditions or diabetes. (anecdotal observation).

Poor Physical Health

- Chronic Lung Disease
- Asthma
- Serious Heart Disease
- Diabetes
 - Mental health disorders are common for people with these diseases.
 - In a KFF tracking poll, 53% of those with fair or poor health status reported that worry and stress related to coronavirus negatively impacted their mental health.
 - This can lead to behavior to prevent getting the virus that is fear based, irrational and at times borders on magical thinking.

Frontline Workers – Healthcare and Others

- Many healthcare institutions and workers may be struggling with overwhelm and burnout pre-COVID-19. The added burden of COVID-19 and corresponding understaffing and lack of supplies will certainly cause rapid burnout among healthcare workers.
- Data from China indicated that healthcare workers suffered from:
 - Depression
 - Substance Abuse
 - Suicide
 - Anxiety
 - Psychological Burden (directly related to suicide).
 - Post Traumatic Stress Disorder will likely be a serious problem.

Job Loss and Income Insecurity

- Associated with job loss and income insecurity is:
 - Depression
 - Anxiety
 - Overall Distress
 - Low Self-esteem
 - Suicide (with the interpersonal factors of social isolation and burdensomeness)
 - Potentially substance misuse
- Early research showing that 26% of those experiencing job or income loss report major negative impact on their mental health.

Households with Children or Adolescents

- In order to control the threat of the pandemic, almost every school system in the US shut its doors in mid-March.
- Parents, facing stress from COVID-19, job or income loss, and concern for other relatives now had the burden of ensuring children's participation in school via some type of distance learning. Many, if essential workers, were not at home to supervise or ensure kids participation.
- School age children and teens lost access to mental health services very suddenly that occur in school (in DE high schools, there are health centers).
- They also lost access to sources of food and social services.

Children and Adolescents

- Children and adolescents, respond much worse to social isolation than adults. They are “hard wired” to be social.
- Combined with brain development that limits impulse control, the drive to be social results in:

Those Infected or Loved Ones Infected

- For those who are sick, in the ICU, 1/3 have symptoms of Post-Traumatic Disorder following discharge.
- Many do not fully recover cognitively following discharge.
- Isolation of the sick:
 - *“If one of us get’s very sick, the reality is we may go to the hospital and never see each other again”.*
 - *“...I think of one of our community members who lost her father to the virus. She had no way of being with her family during the grieving process; she had to go to the crematory online. In a few weeks she was told she would receive the ashes in the mail.”.*

So What Do We Do?

- All providers can help mitigate risk:
 - Check in with client's/patient's regularly.
 - Provide accurate and up to date public health information. (There are significantly greater mental health consequences when there is contradictory, insufficient, or wrong public health information).
 - Empathize with stress reactions and feelings.
 - Foster and encourage the client's ability to cope with distress.
 - Reinforce that there are steps a client can take to manage their own stress reaction.
- In a general or more specific way (depending on your role) screen for the following: Anxiety, Depression, Substance Use, Suicidal thoughts or behaviors).

Interventions - General

- Everyone, should to the best of their ability and circumstance focus on healthy behaviors:
 - Time outside in the fresh air. (May have to help people overcome fear).
 - Exercise. As circumstances will allow.
 - Eating healthy. As circumstances will allow.
 - Adequate rest and sleep. Not hypersomnia.
 - Establish some type of a daily routine.
 - Avoid Alcohol and Drugs. This will be difficult for many, in some areas of the country in the month of April, alcohol sales rose by 60%. Prescriptions for benzodiazepine medications by well meaning prescribers rose 35% in April. Trust me, this will not help.

The Number 1 Preventive Intervention

- Increase social contact by any means possible. Search it out, find unique and creative ways of connecting, talk to someone every day.
- Social connection is protective against suicide.
- Find resources for client's to be more social in the present environment. It's worth the few minutes of research.
- Practice what is being preached if you want to stay in the game over time.

5 Specific Interventions for Everyone

- 1. For all clients, help them increase their sense of safety.
 - Share good, reliable and trusted information with people on how they can protect their health and well being.
 - This is true for health systems and agencies as well.
 - Help people prepare for a wide range of possible scenarios using good problem solving skills.
 - Help people have a “plan B” and connect to resources that can help and support them. This might be a social worker, agency or government agency that provide income support, housing, food, etc..

5 Specific Interventions for Everyone

- 2. Help people learn calming skills:
 - Although personalized, some ideas include breathing exercises, meditation, exercise, stretching, yoga, prayer, music, writing in a journal, or outdoor activities.
 - Reduce unhelpful calming strategies that work in the short-term but have long term complications: ETOH, Drugs, Sex hook-ups, etc...
 - Practice helpful thinking, cognitive reframes and asking the question: What have you done in the past for this?

5 Specific Interventions for Everyone

- 3. Stay connected with others as much as possible.
 - As discussed, increase social support using phone, e-mail, texting, video calls, etc...
 - Find “reasonable and safe” ways for people to gather in small groups going forward (e.g. outdoor barbecues with less than 10 people maintaining social distance and safety precautions. This will depend on individual risk and circumstances).
 - Sometimes, if several people have been stuck in the same household for months, conflict resolutions skills may be necessary. Check for domestic violence and safety of people in the home.

5 Specific Interventions for Everyone

- 4. Improve a sense of self-efficacy:
 - The feeling that a person has the skills and abilities to get through difficult times.
 - Do people know the early warning signs of serious illness that will require them to get medical care?
 - Do they have a plan to mitigate stress reactions in the event of job loss, illness or death of a loved one, etc...
 - Have they set achievable goals for themselves during this time of stress and upheaval?
 - Remember. Everyone, if they have remained alive to the age that they are has some level of basic coping skills and has experienced some difficult circumstances in the past. Make sure they remind themselves of how they made it through. Those are the coping skills.

5 Specific Interventions for Everyone

- 5. Remain Hopeful:
 - Hope is the expectation that things can work out. Being optimistic about some aspect of the situation and remaining connected to something greater than oneself.
 - Help people to take a long-term view, while still remaining focused on what can be changed in the present.
 - Focus on things that are good and inspire, and please limit or eliminate consumption of the news.
 - Take time to focus on things that support personal values, faith and spirituality.
 - It will all be ok, even if it's not.

Macro Interventions

- What is likely needed to effectively respond to the mental health challenges during these times:
 - Improve services and service delivery. Create “remote” psychiatric emergency rooms where care can be accessed 24/7 by telemedicine interventions.
 - Identify specific in-patient behavioral health treatment centers for patient’s who are COVID-19 positive. In a similar way many sub-acute rehabs have developed COVID-19 units.
 - Create intensive remote treatment programs, essentially, ACT teams and targeted case management for those that are at high risk of poor mental health outcomes.
 - Increase the provider base for behavioral healthcare. We were already stretched thin, there is concern the system may break in places.

Questions? Comments? Ideas?

- If you would like to communicate further, share resources or ideas:
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