“COVID-19, MENTAL HEALTH, AND BALANCING GRIEF WITH OPTIMISM”

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DISCLOSURES - ORGANIZATIONAL

- External:
  - American Association for Emergency Psychiatry (AAEP)
    - President
  - Wisconsin Psychiatric Association (WPA)
    - Milwaukee Chapter President
  - Statewide WPA/WACEP Task Force (Co-chair)
  - Wisconsin Association of Osteopathic Physicians and Surgeons (WAOPS)
    - President Elect
  - Medical College of Wisconsin Dept. of Psychiatry
    - Associate Clinical Professor

OBJECTIVES

1) Examine the role of pandemics throughout history

2) Look at how COVID-19 has affected:
   - Data on increasing mental health issues (pre-existing)
   - Data on worsening mental health cases (newly arising)

3) Process adaptive ways to handle this
   - Short Term
   - Longitudinally

WE ARE GRIEVING FOR A LIFE ONCE LIVED.......
GOALS OF THIS PRESENTATION (KUBLER ROSS “STYLE”)

1) Denial: there is a problem
2) Anger: examine data on how this could affect us and our families
3) Bargaining: this probably is going to go away…….right?
4) Depression: note how this is affecting our personal and professional lives……
5) Acceptance: how can we approach this……and how we can be hopeful!

LET’S GET STARTED WITH SOME INFO

HISTORY OF PANDEMICS

This has happened before…..just not recently!

- Spanish Flu 1918
- Yellow Fever 1802
- Black Death 1347-1350
  - Bubonic Plague (“The Plague”)
- Colonization of N. America by Europeans
  - Smallpox, Cholera, Measles, Typhoid, Malaria
  - 1492-early 1500s
“PANDEMICS LEAVE US FOREVER ALTERED”

- The Atlantic, June 2020, Mann et al

- While not much was documented in 1918, there has been much researched since:
  - Smaller babies, poorer medical outcomes
  - U-shaped mortality
  - Kills the very young and very old
  - “Affects our future and our history”

PANDEMICS MOVING TOWARDS “IMPROVEMENTS”?

- Peloponnesian War – typhoid, 400 BC
  - Athens lose to Sparta
- Plague (kose –60% of global population)
  - Public Health, increased hospitals, developed quarantine protocols, ENDED FEUDALISM
- Spanish Flu
  - French affected, lost Haiti, led directly to Louisiana Purchase!!
- German flu
  - Almost 700,000 Americans killed......led to issues in representation at Treaty of Versailles (WWI)
  - Reparations to Germany...........WWII??
  - Increased fields of virology and epidemiology

“GET READY FOR THE GREAT URBAN COMEBACK”

- The Atlantic, October 2020, Thompson et al

- 1830s NY Fire: led to creation of aqueducts and cleaner/available water supply
- 1840s Cholera (UK): sanitation, prison reform, pensions, and census practices
- 1860s Chicago Fire: 20,000 buildings closed
  - Steel skeleton buildings (higher, stronger, fire resistant)
  - Banks/business affected (no LOTS of capital to rebuild)
STUDIES AND/OR DATA?

“MENTAL DISTRESS IN THE UNITED STATES AT THE BEGINNING OF THE COVID-19 PANDEMIC”

- American Journal of Public Health; October 2020: Holingue et al.
- “The social isolation, financial hardship, and fear associated with COVID-19 could present a perfect storm for public mental health in the United States.”
- Early data showed degree of mental health symptoms were tied to how much COVID diagnosis was present in that state
  - Resulting data has shown uniform increases all over
  - Less increases amongst minority groups
  - Despite increased medical morbidity and mortality

HEALIO CDC DATA SUMMARY - NOVEMBER 2020-

- Increase in anxiety and depressive disorders
- Pre-existing mental health diagnoses have led to:
  - Increased risk of obtaining COVID diagnosis
  - Worsened outcomes with higher degree of ICU admissions and length of stay
ADVERSE OUTCOMES NOTED.....

- Increased psychosocial stressors
- Fear of illness or fear of negative economic effects
- Phobic anxiety
  - Mood and sleep disturbances
  - Increased social media exposure
  - Increased alcohol sales and use
  - Increased calls to domestic abuse and child abuse hotlines

WHAT DOES THIS MEAN FOR US???

- 1) Issues with Family and relationships
- 2) Issues with Isolation, Frustration, and Community
- 3) Issues with Irritability and Loneliness when looking at others’ response
- 4) Maladaptive Coping (substance use and the like)
- 5) Meaningfulness.......knowing that you matter!

“UNDERSTANDING AND ADDRESSING SOURCES OF ANXIETY AMONG HEALTH CARE PROFESSIONALS DURING THE COVID-19 PANDEMIC”

- “JAMA June 2020”
- Speaks to all employees working in physical locations...........
  - “Hear Me”
  - “Protect Me”
  - “Prepare Me”
  - “Support Me”
  - “Care for Me”
DISPARITIES IN HOW IT PRESENTS?

- “The Black Plague”, New Yorker, April 2020
  - “When white America gets a cold, black America gets pneumonia” - Unattributed
  - Higher percentage of hospitalizations
  - Higher amount of morbidity
  - Higher amount of mortality

“MEDICAL ETHICS IN THE TIME OF COVID-19”

- Current Psychiatry, July 2020
  - Who gets the care?
  - Who is “essential?”
  - Where does the funding go?
  - Which livelihoods are “more important”?
SUICIDE MORTALITY AND CORONAVIRUS DISEASE 2019 — ???
A PERFECT STORM?

JAMA Psychiatry, April 2020
Noted that rates have been increasing over past 20 years, but now seeing steeper rise

Suggestions:
- Physical Distance vs. Social Distance
- Telehealth
- Parity in funding (leading to increased access)
- Distance based techniques (phone follow up, caring letters)
- Responsible media reporting

SAMHSA BULLETIN (MAY 2021)

- APA (2020 survey): 19% of adults reporting mental health as being "worse" since pandemic
- APA (2020 survey): 67% of adults noted increased stress levels during pandemic

Substance Use (two perspectives):
- 33% of respondents (Czeisler 2020) noted increase in substance use during pandemic
- Increased availability of MAT programs has led to more treatment options for those in need (Long 2020)

SAMHSA (CONT.)

- Suicide
  - Not a simple data set
  - Already rising prior to the pandemic
  - Retroactive review issues persist (stigma, ME data sets)
  - Data showing increased THOUGHTS of suicide (Czeisler 2020)
  - JAMA psychiatry follow up (prior slides):
  - "emerging suicide data from several countries show no evidence of an increase in suicide during the pandemic thus far."

  - Firearm access/purchase
  - March 2020, second highest monthly total purchase of firearm (~2 million in the US) (Moutier, 2020)
  - Over half of all firearm suicides occur over a year from purchase (Studdert 2020)
SAMSHA DATA (CONT.)

• Certain groups more susceptible?
• Young people seeming more vulnerable than others?
  • Increased anxiety scores amongst those 18-30 (Liu 2020)
  • Increased scores for ALL elements of traumatic stress amongst 18-24 (Czeisler 2020)
  • Increased feelings of loneliness among Generation Z (ages 9-24) compared to other groups (APA survey and Lee et al 2020)

"COVID-19, MENTAL HEALTH, AND SUICIDE RISK AMONG HEALTH CARE WORKERS"

• Journal of Clinical Psychiatry, October 2020
  • Noting increase in suicide in this workforce
  • Less time to seek assistance (or take time off)
  • Faced with “forced choices” that challenge one’s own moral code
  • Also issues with morbidity / “burnout”
    • Emotional exhaustion
    • De-personalization / Lack of connection with others
    • Loss of sense of meaning with one’s work

TYPICAL PERSON IT AFFECTS?

• Individuals that are:
  • Rigid
  • Perfectionistic
  • Type-A
  • Hard workers
  • Over involvement
  • EMPATHIC
WARNING SIGNS……..

- Personality Changes
- Tired, irritable, feeling out of control
- Co-workers noticing change in how they're treated
- Less Efficient
- Falling behind in duties
- Increased sick calls
- Or…………..

ADDITIONAL SPECIFIC CAUSES

- “Fictive Schedule”:
  - Anthropological studies of primary care
  - More work is assigned than it is possible to do
  - Leads to stress on all workers
  - Leads to deferring certain work to later in the day affecting work/life balance
  - (More data on individuals working from home despite already arriving later....)
ANOTHER CAUSE

- "Cognitive Scarcity":
  - Constantly needing to do MORE with LESS
  - Can negatively affect decision making
  - Employees making "trade off" decisions in anticipation of upcoming imperatives

- Mayo Clinic Procedures 2015
  - Effects of Cognitive Scarcity are large
  - Like sleep deprivation or losing 13 IQ points

CHESANOW, IM MEDSCAPE 2015

- "When it comes to stress and burnout, physicians are either too busy to notice; too stoic to admit it; feel that they can handle it themselves; and/or are reluctant to seek outside help for fear of exposing a human weakness, potential questions about competency, or concerns about confidentiality."

WHY THE INCREASED ISSUES?

- IDENTIFY THE PROBLEM
**PANDEMIC CHANGES (SYSTEMICALLY)**

- Fear over hospitals (initially)
- Moving from in person visits to tele medicine
- Outpatient clinics losing capacity
- IOP / PHP programs moving to tele medicine or not existing
- Case management agencies involving in more social distancing
- Increased release of individuals from corrections, saturating the outpatient milieu
- Clinics servicing long acting injectables with access affected
- Increased data on higher mortality on those with chronic mental illnesses (Druss 2020)

**LESSONS FOR THE FUTURE / ENHANCEMENTS?**

**HEALTHY COPING**

- Not all coping is healthy or "adaptive"…….
- Good things to maintain or foster:
  - Exercise
  - Faith
  - Community service
  - Volunteering
  - Family, friends
  - Non-structured time
  - Go "off" social media time???
SOCIAL MEDIA

- Many wonderful things........
- However, also a lot of maladaptive items:
  - Basing your feelings on others
  - Inaccurate information
  - Misleading information
  - Unprofessional (not useful) interactions with others due to communication styles
  - That are fostered by social media??

“Whenever you see something defining itself with “You’re doing it wrong”, it is arguing for a different approach that is just as limited. The unwritten sentence that follows is........and I’m doing it right!

This has become the pervasive way to argue about just about everything...particularly in a Web culture where passion is dominated by the reaction to (and the rejection of) other people’s ideas...as opposed to generating one’s own.”

- Chuck Klosterman “But What If We’re Wrong”

MINDFULNESS MEDITATION

- Really, anything with Mindfulness in general
- “Be in the moment without BEING the moment.........”
- Observation from the outside in a non-judgmental fashion
- Teaches us to respond thoughtfully and not automatically
REFLECTION, STORY TELLING

- It is good to remember fond things
- Write down stories........
- Keep remembrances......
- Share your stories with others

- The expansion of VIRTUAL meetings
  - Stay connected
  - Short “check ins”

PEER GROUPS

- Either formal or informal (Balint groups)
- Tends to be very present in early career, but it fades away as mid career approaches....

- Helps to:
  - Process - Normalize - Reflect
  - Benchmark - Catharsis - Prepare
BALANCING CONTROL VS. "LETTING GO"

- Not all can be controlled
- It is important to maintain control over that which is yours.
- But just as important to know when it is necessary to "let go."

Balancing these two is a powerful stress management technique.

- Those that handle it in a dichotomy tend to struggle
  - Either "it is all helpless" or "I schedule/control must be involved in everything"

SYSTEM SPECIFIC ENHANCEMENTS?

TELEMEDICINE

- Removal of reimbursement barriers
- Usage not only for outpatient
  - Psychiatric consultation into Ers
  - Usage familiarity by systems
  - Expansion of MAT options for those with SUD
- Reaching vulnerable populations!
ENHANCEMENTS

1) Valuing outpatient services to treat mental illness
   - Move funding towards more community and outpatient services
2) Appreciating the role that human interactions play in well being
3) Notation that social stressors are of great importance in either:
   - Worsening pre-existing mental illnesses
   - Creating new onset symptoms in cases with no prior history, but significant suicide risk

ENHANCEMENTS (CONT.)

4) Demonstration that the “pre-COVID” service system does not have much flexibility in a capacity sense
5) Individuals are (now) more likely to reach out for help if a variety of options are presented
6) Treatment can be engaged in without “having to go to the ER”
7) Focus now on reimbursement of non-hospital items
8) Manifesting possible synergy with the parallel (non-related) aims of the 988 program!

PREPARATION?

Field of RISK COMMUNICATION (WHO perspective)
- “exchange of real-time information, advice, and opinions between experts and people facing threats...” (Abrams and Greenhawt 2020)

   Tenets:
   - Clear, consistent messaging encouraging transparency
   - Focus on socially desirable behaviors (not enhance the socially undesirable aspects)
   - Increase efficacy, avoid fatalism
   - Utilize trusted messengers
   - Note that behavior change is occurring
   - Avoid repeating misinformation.......even to debunk it!
CONCLUSIONS / DISCUSSION

· Please take care of yourself!

· Acknowledge that we cannot avoid this........it is here and now.....

· We have a unique perspective and opportunity to engage in this
  · We have learned a great deal.........
  · What will history texts say about our responses
  · How do we maximize the enhancements while still preparing for any future such infections?

“Physicians in 2018 are the proverbial ‘canary in the coal mine’. While the canary may be sick, it is the mine that is toxic. Caring for the sick canary is compassionate, but likely futile until there is more fresh air in the mine.”

-Dr. Thomas Schwenk, Univ. of Nevada