## Mental Health Concerns Post COVID19

BROOKE WEINGARDEN DO MPH CHILD/ADOLESCENT/ADULT PSYCHIATRIST

### Brooke Weingarden DO MPH

I have no conflict of interest

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#### Brooke Weingarden, DO, MPH

- Board certified by the American Board of Psychiatry and Neurology in Child and Adolescent Psychiatry.
- DO from Touro College of Osteopathic Medicine and Surgery in Vallejo, California.
- Completed residency at Henry Ford Hospital and fellowship at Wayne State University.
- Masters in Public Health received from Nova Southeastern University in Davie, Florida.
- Private practice at the Birmingham Maple Clinic in Troy, MI
- Works as Oakland County School Consultant
- Psychiatrist at the Christ Child House, Residential program
- Mom

### Remember this....

Flashback to the last three years.....





my mood



how much I spend at Target

this fall @closetoclassy

### Mental Toll- during pandemic

- Physician suicides
- Crisis Hotline calls up 891%
- Health care workers drafting wills
- Mass exodus out of health care
  - "I'd leave if I could afford to"
- Emerging conspiracy theories (Plandemic)
- Increase in relapse to substances
- Domestic violence
- Eating disorders

### Emotions- during pandemic

- Fear
- Moral Injury
- Burn out
- Betrayal



### Psychiatric issues seen clinically, exacerbated during pandemic

- Social Anxiety
- Generalized Anxiety/ Panic/ OCD
- Major Depressive Disorder / suicidality
- Mania/Depression/Anger
- Behavioral difficulties/ ADHD!!!!
- PTSD
- Substance use
- Eating disorders

- Some groups of people have been affected much more than others.
- Kids/adolescents vulnerable to social isolation and disconnectedness
- fuels anxiety, uncertainty, loneliness
- affective and behavioral concerns
- For some children and adolescents being made to stay at home may have increased the risk of family stress or abuse, which are risk factors for mental health problems.
- Women have similarly faced greater stress in homes, one study reporting that 45% of women had experienced some form of violence, either directly or indirectly during the first year of the pandemic.

### What do we see now...

Depression

ADHD

ASD symptoms

Increased OCD symptoms

Behavioral discrepancies\*\*\*

Age inappropriate behaviors/skills\*\*\*



### Anxiety and Depressive symptoms

- Significant increase in anxiety/panic/fear
- SOCIAL anxiety- So much
- Increase in OCD symptoms
- Social anxieties/ peers/ panic/ overstimulation
- Hypervigilance
- Poor sleep and appetite



### Anxiety and Depressive Symptoms

Neurovegetative symptoms (depression)

- anhedonia, sleep changes, appetite change, hopelessness, guilt, isolation

Kids with Depression- Some- from feelings of overwhelm. More stemming from anxiety/overstimulation – they go hand in hand

Return to school settings, colleges, jobs.... Increase stressors/demands

Increase self harm/ thoughts of self harm



### ADHD

- 25% increase in ADHD testing from Jan 2020 to Jan 2021 and continuing
- 50% of those patients are complaining of concerns of attention and focus
- Seen in kids from Elementary through college (and some adults)
- Difficulty with attention, focus, memory, distractibility, organization
- Difficulty with the overstimulation in classrooms, too much noise, too many distractions, teachers overloaded with IEPs, 504s, student needs. Student demands are high, homework
- Asynchronous classes- low motivation
- Affecting mood and anxiety as well (SO much overlap)

Most common psychiatric symptoms : -depression

- Anxiety
- -insomnia
- - PTSD
- -fear
- -grief
- - phobias
- - social isolation
- - increased substance use
- suicidality
- - psychosis
- - OCD



### Post COVID psychiatric sequela

One systematic review and meta-analysis of long term physical and mental sequela found:

-At LEAST 1 sequela symptoms occurred in 50% of COVID-19 survivors for up to 12 months post infection.

- Also included :
- cognitive deficits (19.7)
- depression (18.3)
- PTSD (17.9)
- Stress brings out underlying genetic, biological, and epigenetic vulnerabilities (post viral etc)
- COVID causes relapses in MH issues and/or can precipitate them. Many cases of new onset psychiatric and neurological sx

- Neuropsychiatric symptoms-
- Delirium (50% of COVID ICU patients)
- Confusion
- Fatigue
- Memory impairment
- Encephalopathy
- Seizures
- Cerebral vascular accidents



- COVID19 survivors 41% more likely to have sleep disorders
- 80% more likely to experience neurocognitive decline
  - forgetfulness, confusion, lack of focus, brain fog)
- Some thoughts about if brain fog has to do with inflammatory response





Mental health demands have increased with COVID (infx and other)

Need to identify post covid depression, anxiety, suicidality, psychosis, mania etc.

Possibly inflammatory mechanism for these symptoms but no current standard treatment because we need more time and info.

Famotidine has some clinical trials for help / symptoms reduction with COVID related neuropsychiatric symptoms

- Depression, anxiety, worry about COVID-19, stress and loneliness were all associated with an increased risk (32% - 46%) for Long COVID.
- Those who had two or more types of mental distress prior to infection were at nearly 50% increased risk for post-COVID-19 conditions.
- stress activates the hypothalamic-pituitary-adrenal axis, which can lead to chronic immune suppression
- stress is associated with chronic systemic inflammation, resulting in sustained production of proinflammatory cytokines
- Side note- More than 40% of participants who developed Long COVID had no mental distress at baseline

## Increase in burden of mental health issues in a post pandemic era

Emotional epidemic curve

More than half of the population developed mental health concerns and required intervention

Surge in MH issues may remain untreated or undiagnosed due to interrupted mental health services, access to care, and other challenges for MH services in a post COVID era.

### Mental Health Issues seen

- Grief reactions
- Substance use disorders
- Anxiety
- Sleep disorders
- Depression
- Suicides
- PTSD
- Panic disorders



- New Onset MH issues due to:
- COVID related stress,
- fear/loneliness,
- neuropsychiatric disorders of COVID infection due to cytokine storms (ischemic stroke, headache, dizziness, ataxia, delirium, seizure)
- Relapse of preexisting mental illness-
- due to reduced access to resources,
- disruption of care, therapy, social support, access to medications

#### Suicides- due to

- neuropsychiatric manifestations
- socioeconomic impact
- as well as social/emotional consequences of reentry
- increased demands socially/personally/ academic/ financial

#### Everything else going on in the world



### Vulnerable populations

- Children/adolescence
- Elderly
- Unemployed/homeless persons
- COVID 19 survivors
- Healthcare workers
- Those with preexisting mental illness
- Pregnant women
- Disabilities, chronic illness
- Migrants
- Refugees
- LGBTQA
- Racial and ethnic minorities



### Risk factors

- Death of a loved one
- Misinformation
- Loss of peer support
- Academic loss
- Medical comorbidities
- Stigma
- Prolonged isolation
- Social rejection
- Work stress
- Burn out
- Economic burden



### Assessing MH issues

Difficult to identify etiology of mental health symptoms related to COVID (is this anxiety? Cytokine storm?)- lack of specific screening tools (are we over/under representing)

Misinformation (the 'infodemic')- most countries are not well prepared for managing this infodemic. Inability to access accurate information will strain indv mental health

Leads to further polarization and hate crimes

### Access to MH care/services

- Overburdened mental health services...
- Increase prevalence of mental health issues, and interrupted MH services due to isolation/ life transitions
- Will limit access to mental healthcare facilities in a postpandemic era
- ER waits for emergency MH services (WEEKS)
- Lack of access to many psychotropics (pharm companies changed focus to prepare COVID related drugs, vaccines, needs) hampered production of psychopharmacological drugs.
- Perceived job insecurity, financial concerns, unemployment significant risk for psychiatric disorders and major barrier in accessing care.

## What kinds of interventions needed?

- Telepsychiatry needs to be developed better through government supported service platform- to enable easier access to care (especially among vulnerable populations)
  - \*\*equitable access to telepsychiatry facilities
- Infodemic management- guidelines for responsible medial reporting, building e-health literacy, knowledge refinement, accurate and timely knowledge translation encouraged.



### Intervention

- Community MH services- screen, identify those at risk, referral services.
- Primary health care workers and organizational gatekeepers (caregivers, teachers etc)- trained to identify those at risk and direct to resources
- Suicide prevention- with increasing suicide rates and anticipation of continued increases... efforts to reduce access to means, better resourcing with suicide prevention agencies. Decriminalization of suicide attempts. Early screening for mental illness and treatment encouraged.



### Sounds great right? IF there were available resources... But where are the Mental Health resources?

- Just like all physicians, Psychiatrists and other mental health team providers are experiencing an increased level of mental health issues.
- If the mental health of the mental health team remains unaddressed.... They will not be able to efficiently provide mental health services in a post pandemic era.
- If physicians are struggling with their own mental health, and burn out... they can not provide adequate care for their patients

Surgeon General Vivek Murthy. "COVID-19 has been a uniquely traumatic experience for the health workforce and for their families, pushing them past their breaking point.

Now, we owe them a debt of gratitude and action. And if we fail to act, we will place our nation's health at risk."

Health worker burnout not only harms individual workers, but also threatens the nation's public health infrastructure. Already, Americans are feeling the impact of staffing shortages across the health system in hospitals, primary care clinics, and public health departments.

### Signs of Burn Out- reminder

- Physical-sleep difficulty, appetite change, headaches, shortness of breath, hypertension
- Emotional- anxiety, depression, tension, irritability, anger outburst
- Cognitive- forgetfulness, lack of concentration, disorganization, indecisiveness, pessimism

### Depersonalization (sx of trauma)

Depersonalization that results, inevitably trickles down to patients

(paralyzing feelings of watching yourself from the outside)

Beyond sheer exhaustion- depersonalization leads to compassion fatigue- decreases connection with the person being treated.

# Most traumatic even we have encountered in the last 100 years

- ▶ In 2021 , 1 in 5 physicians said they planned to leave medicine
- Physician burnout doesn't just effect physicians ...it effects everyone
- 62.8% of physicians had at least one manifestation of burnout in 2021
- Consistent across specialties
- 64% US physicians reported that pandemic had intensified their sense of burnout
- 46% physicians reported increased loneliness
- 29% reported increase eating
- 19% reported increased alcohol use
- 33% of medical practices had a physician retire early or leave due to burnout in 2021,

### Burnout

- ► Top causes of burnout included:
- EHR fatigue
- Fighting with insurance companies over PAs
- Loss of work/life balance (higher volumes, staffing shortages)
- Worry about loss of revenue or reimbursement rates vs cost of care delivery

Physicians dont often perceive enough being done to mitigate the burnout or engage them

Over the past year, nearly half (46%) of physicians considered leaving their current role to work for a new healthcare employer, and 43% considered early retirement.

- While we have not all been on the front lines, we are all exposed in some capacity to being a physician in a pandemic.
- Grieving our circumstances in our own way is critical!
- Peer support- sharing fears and feelings in real time.
- Getting off our own island.
- Conferences/ meetings can refresh our minds and create separation from our day to day commitments.

### Surgeon General Advisory

- Surgeon General Advisory to address burnout (some sound too good to be true but good goals)
- Empower physicians and allow for voices to be heard
- Eliminate punitive policies for seeking mental health and substance use disorder care
- Provide living wages, paid sick and family leave, rest breaks, evaluate of workload and working hours. Family friendly policies (family care)
- Adequate staffing\*\*\*
- Reducing administrative burdens so physicians can use their time productively with patients and colleagues\*\*\*
- Prioritize social connections and communities as a core value of health care system

### **Physician Support Line**

Free Confidential Peer Support Line by Volunteer Psychiatrists Helping our US Physician Colleagues Navigate the Many Intersections of Our Personal and Professional Lives

### 1-888-409-0141

7 days a week 8am - 1am ET

www.physiciansupportline.com f Physician Support Line @PhysicianLine

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