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Mental Health and the COVID-19 pandemic

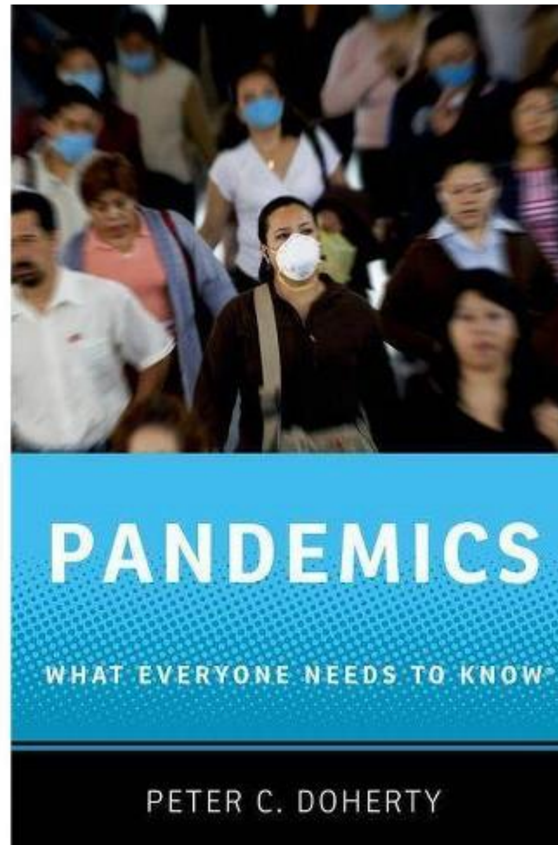
Tuesdays with Nexus

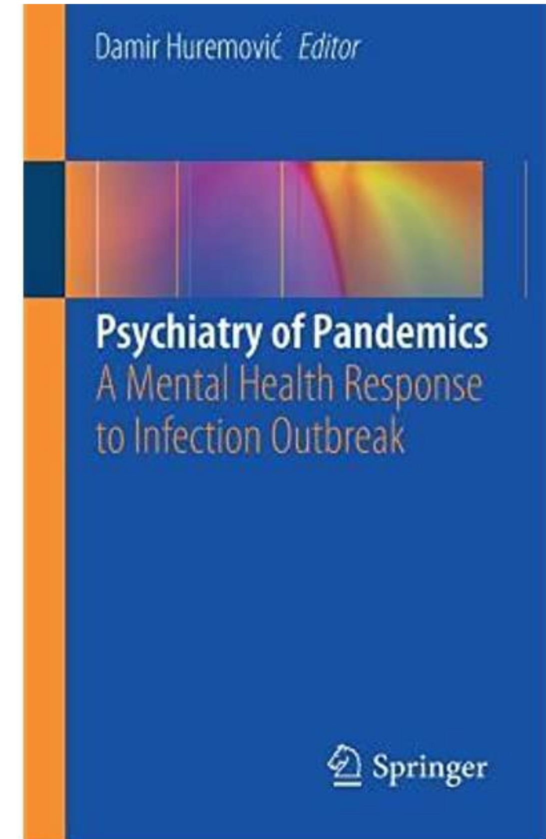
Tuesday 2/6/20

Dr Kah-Seong Loke
Nexus Dual Diagnosis Service

Mental Health Ramifications of COVID-19: The Australian context

Creating a mentally healthier world.





https://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/20200319_covid19-evidence-and-reccomendations.pdf

Beyond Blue:

- 40% increase in people contacting it compared to the same time last year
- dedicated coronavirus mental wellbeing support service
- common themes – drawn from their online community and social threads – include loneliness, exhaustion, job and financial worries, and family stress.

Lifeline:

- 25% increase in calls answered in March (70K-> ~90K calls) compared to last year

Drop in the number of mental health services being accessed during the pandemic =>many Australians not getting the support they need.

Causes of reduced access to MH services?

Fear of going out and catching the virus -> ↓ attendance at GPs, EDs, MH clinics

Beyond Blue, ReachOut, Lifeline and Kids Helpline

Telehealth (videconferencing) and telephone consultations

More than half of Australia's registered psychologists are now offering telehealth consultations and there have been more than one million mental health telehealth consultations so far.

COVID-19 Work and Health Study

Three-year, international study to understand the mental health and cognitive effects of COVID-19 on people diagnosed with the virus, and the general community dealing with the pandemic

Preliminary results:

- majority of participants registered mild levels of anxiety and depression
- about 30 per cent of people showed moderate to high levels

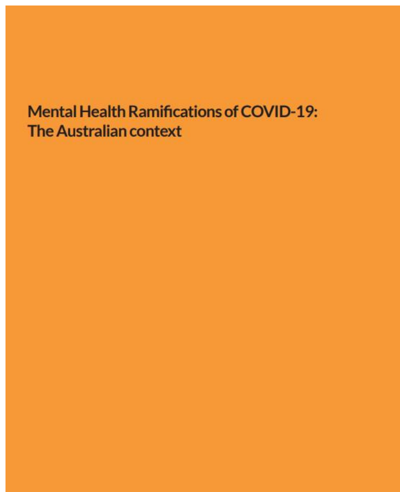
Interventions to help reduce anxiety and depression:

- limiting news consumption to under four hours a day
- staying connected to family and friends — even remotely
- positively reframing the situation to find positives
- not using overly negative language

To learn more about the survey and register, visit: tiny.cc/0l5tnz or https://www.covidstudy.net/

Mental Health Ramifications of COVID-19

- community still recovering from bushfire disasters over summer
- immediate effects: ↑ levels of anxiety and worry. ***Panic!***
- anxiety will decline over time as the virus is contained



Risk groups for long-term mental health problems

- workforce
- health care workers
- people placed in quarantine / isolation
- individuals with life-threatening cases of COVID-19
- families with [increased] domestic violence
- students(?)
- grieving family and friends
- others…

https://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/20200319_covid19-evidence-and-reccomendations.pdf

Resilience

Populations groups at increased risk of mental health problems

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People with pre-existing anxiety disorders and mental health problems
-> significant anxiety and distress

Health care workers (including nurses, doctors and auxiliary staff)

Overseas medical staff where healthcare system overwhelmed:

- decisions on rationing of critical care support (shortage of ventilators)
- high levels of distress through watching patients die who could have, under usual circumstances been saved.
- moral injury is likely to have long term consequences on the mental health and morale of staff involved
- [survivor guilt…]

Unemployed and casualised workforce, business owners are at increased risk of poorer mental health during times of economic instability and during pandemics.

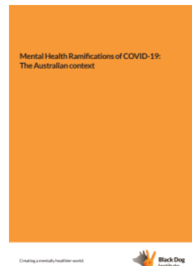
High job insecurity is associated with stress, financial strain, poorer health and increased rates of depression and anxiety.

Isolation and Quarantine

Isolation: A person with coronavirus (COVID-19) or suspected to have it must enter mandatory isolation.

Quarantine: for when a person is well but may have been in contact with someone with COVID-19. Required to isolate from other people for 14 days from when you may have been in contact with the virus.

- **Potential psychological effects** of isolation and quarantine include: depression, PTSD symptoms, confusion, anger, boredom and loneliness.
- **Prevalence**: As many as a quarter of patients in quarantine had trauma-related mental health problems
- **Duration**: Symptoms could last for a number of years.
- **Poorer outcomes following quarantine** associated with: Longer duration of quarantine, fears of infection (getting sick themselves, or infecting others), having inadequate supplies, inadequate information, experiencing financial loss, and stigma



Recommended strategies 1

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Offer practical support

- Fear or anxiety should not necessarily be regarded as pathological or in need of professional intervention.
- anxiety or worry will typically reduce once the pandemic is resolved
- the majority will not require clinical treatment.

Practical non-psychological health is likely to be the most effective way of reducing the mental health burden.

financial / job insecurity, perception of job insecurity -> 3x increase in rates of anxiety and depression

Practical support and financial resources for those who are under financial strain or whose jobs are at risk

Recommended strategies 2

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Provide good quality information

Community fear and panic can be fuelled by rumours, myths and misinformation, sensationalised and alarmist media coverage, and confusing information and messaging and advice from experts and the government. Studies of prior pandemics show that **media portrayals of respiratory illnesses are often threat-based and sensational**, rather than accurate, factual, or informative about the symptoms of the virus, and how it can be prevented.

To counteract the spread of information (and associated anxiety), most people will need:

a. Access to free, trustworthy, high quality, and accurate information about COVID-19 from a centralised and trusted source.

b. Accurate information about the signs, symptoms, risk factors, about how to effectively prevent or control the disease will give the community a sense of control, and reduce confusion and uncertainty that contributes to anxiety. Having a single website that members of the public can access both information and evidence-based interventions.

c. Provide accurate information which makes the **distinction between physical distancing and social distancing**, in failing to delineate, this has the potential of having negative longer-term impacts for societal social inclusion. Encourage people to remain socially engaged as this is critical for community connectedness and wellbeing.

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Recommended strategies 3

Offer technology-enabled mental health services

An increased focus on technology enabled mental health is critical due to the fears of illness, and potential for a significant proportion of the community being placed in isolation or quarantine.

• Technology-enabled mental health services such as **mobile apps, telehealth, and online treatment** provide an efficient and practical means of delivering treatment to anxious individuals and communities. These services provide an accessible mechanism for people in the community to seek support, advice and practical strategies to manage anxiety, without having to attend in-person sessions. Studies show that online treatments can improve the most common types of anxiety and stress reactions we would typically see during pandemics including health anxiety, generalised anxiety and stress, PTSD and depression [7-9]. Services such as the Black Dog Institute's Online Clinic which allows patients to be linked to these services, should be promoted as part of the broader response to the current crisis.

• Attending in-person therapy sessions may be too anxiety provoking for those who fear contracting COVID-19, or impossible for those in quarantine or self-isolation. This means those with existing mental health problems risk disturbances to their ongoing care – this increases the risk of relapse and worsening symptoms. The recent additions of **new telepsychiatry Medicare items** will assist with this but could go further.

• GPs need to be made aware of how they can use online programs to help their patients. eMHprac a resource guide for practitioners that provides an overview of various Australian online and tele-web programs should be disseminated through professional associations and colleges.

Recommended strategies 4

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Understand the negative psychological impacts of mass quarantine [“lock down”]

Consideration needs to be given to weigh the potential benefits of quarantine with the potential negative psychological effects [10]. For example, when deciding about whether to move from requiring self-isolation to mass quarantine of the population, governments should consider the potential negative psychological impacts, including depression, post-traumatic stress symptoms, confusion, anger, boredom and loneliness.

Voluntary quarantine is associated with lower levels of distress and fewer long-term health impacts. Factors known to exacerbate the stressful nature of quarantine include **longer duration of quarantine, fears of being infected or infecting others, frustration and anger, boredom, inadequate supplies, inadequate information, experiencing financial loss (especially for those with low or uncertain income) and stigma**. Key evidence-based recommendations to minimize the potential harmful negative psychological effects of quarantine are as follows:

- Where possible limit the duration of quarantine and only quarantine for as long as necessary.
- Provide clear rationale for the purpose of quarantine.
- Provide clear information about protocols and guidelines about actions to take when quarantined.
- Provide sufficient medical and general supplies.
- Provide advice about strategies to ensure people in quarantine are accessing social support (via phone, telehealth, media, messaging) to minimise boredom and depression and manage stress/anxiety.
- Reinforce the altruistic nature of quarantine and gratitude from health authorities.

Recommended strategies 5

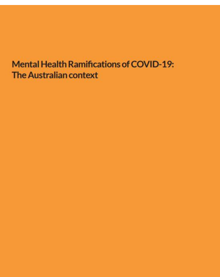
Strengthen mental health support systems for health care workers

Special consideration needs to be given to front-line health care workers, who are either at risk of becoming infected with COVID-19, or in regular and direct contact with patients with COVID-19. They are likely to be experiencing understandable anxiety and concern about exposure to the virus and consequences to their health and the health of their loved ones and colleagues.

Studies show that front-line health care workers experience higher anxiety than the general community about contracting viruses during pandemics [11]. Most affected by anxiety are nurses, and auxiliary staff (reception staff, practice managers), and to a lesser extent, some medical doctors will also be affected by anxiety about contracting COVID-19.

Feeling informed, prepared and properly trained, having access to the appropriate protective equipment and access to psychological support, all help to alleviate fears and can help to minimise the impact of psychological distress on health care workers. In addition to these practical measures, additional and ongoing psychological support is likely to be needed for frontline healthcare workers. Consideration should also be given to establishing an ongoing program of mental health monitoring for impacted healthcare workers.

Recommended strategies 6



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Provide mental health screening support for COVID-19 patients

In past pandemics, patients who experienced severe and life-threatening illnesses were at risk of posttraumatic stress disorder and depression, months to years following their illness.

Appropriate systems and supports need to be put in place to screen patients, especially hospitalised patients who have survived COVID-19, to **screen for common mental health problems and to provide appropriate psychological supports**. This type of monitoring program needs to be centrally managed and should be linked to ongoing data collection to allow responses to adapt over time.

Deputy Chief Health Officer for Mental Health

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‘Pandemic could lead to more deaths by suicide than from the virus itself’

Australian Government Department of Health - Leadership Team includes:

- Chief Medical Officer – Brendan Murphy
- ***Deputy Chief Health Officer for Mental Health*** – Ruth Vine
- Deputy Secretary for Health Financing
- Deputy Secretary for Health Products Regulation
- Deputy Secretary for Population Health, Sport and Cancer
- Deputy Secretary for Ageing and Aged Care
- Acting Deputy Secretary for Health System Policy and Primary Care

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Future developments?

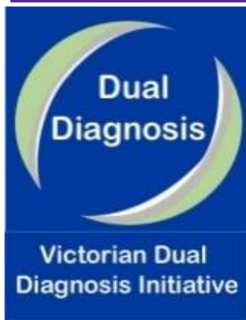
The “new normal”:

- working from home
- staggered starting times for school and work
- crowded roads and ↓ public transport use
- increased workload due to …

- JobKeeper payments ($60 billion) extended … (past September 2020)

- Annual COVID(-20,21,22,…) vaccinations

- Ongoing MBS telehealth/telephone items (past September 2020)
- Electronic prescribing



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