

PreventionFIRST!

2020 Coalition Academy



Prevention & Resiliency: Addressing substance use, suicide, and mental health during the COVID-19 Pandemic


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Prevention and Resiliency: combatting substance use, suicide and mental health in the COVID-19 Era

Kelly Blankenship, DO
Chief of Psychiatry
Dayton Children's Hospital



Objectives

- Review facts regarding the COVID- 19 and the Pandemic
- Review triggers for stress, depression and anxiety
- Review the COVID 19 pandemic's impact on mental health and substance use
- Review resiliency tactics to improve mental health and substance use during the COVID-19 pandemic

COVID 19

Bat-borne virus (rabies, ebola, SARS) - no evidence yet to link it to an intermediate animal reservoir (pangolin) – however it is likely there is one- do to limited human contact with bats

Initial controversy of origin of virus

Started to infect humans in late 2019

First identified in early December 2019- some cases were linked to a wholesale food market (seafood and live-animal market) in Wuhan

Italy was first European country- 2 weeks after initial case -1,000 other patients tested positive, one week after this case number was over 4600

The World Health Organization (WHO) named the COVID-19 outbreak a pandemic on March, 11 2020



COVID 19

High contagion rate and infectivity- each infection results in 2.2 new infections assuming no immunity and preventive measures

Dense communities are at high risk

Attack rate 50 times higher than flu

Spread through respiratory droplets – these droplets land in the nose, mouth or inhaled in the lungs by people nearby

- ▶ Virus can live for short periods of time on some surfaces
 - ▶ For a few hours or several days but at less than 0.1% of the starting virus material
 - ▶ Plastic surfaces for up to 9 days, one day on cardboard and little time on soft surfaces

COVID 19

- ▶ Incubation period is 2-14 days
 - ▶ Individuals with the virus may be contagious for 48-72 hours prior to experiencing symptoms
 - ▶ Quarantine for 10-14 days after initial symptoms appear and 3 days after recovery
 - ▶ May continue to test positive for over 1 month since symptoms have abated
 - ▶ Some suggest 2 negative PCR tests at least 24 hours apart

COVID 19

- ▶ Most people experience mild to moderate respiratory symptoms
 - ▶ Ranges from asymptomatic (up to 80%) to severe illness(10%)
 - ▶ 5% develop severe disease – respiratory failure shock, multi-organ failure
- ▶ Individuals with CV disease, DM, chronic respiratory diseases and cancer are more like to develop serious symptoms
- ▶ Individuals that are elderly are considered in the high risk group
- ▶ 90% of the population is susceptible
- ▶ Mortality rate 2-4% not fully understood – mortality rate of flu 0.1%
- ▶ Severe illness- SOB 6 days after the onset of flu symptoms, 8 days later hospitalization
- ▶ Passcarella G 2020, Vekavan T& Meyer C 2020

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COVID 19

- ▶ Mutations of the virus from the initial strain found in China
- ▶ Different strains with different virulence
- ▶ 100 years since an infection quarantined the world in this fashion
- ▶ Still using similar practices – quarantine, hygiene and social distancing
- ▶ Rates????
- ▶ Vaccine

COVID 19

- ▶ Consequences of the disease
 - ▶ Heart conditions- myocarditis, pericarditis
 - ▶ Two studies of hospitalized patients up to 12-29% show signs of heart damage
 - ▶ Persistent shortness of breath from lung inflammation
 - ▶ Light gray patches on lungs called “ground- glass opacities”
 - ▶ Reduced lung capacity due to scarring
 - ▶ Neurologic consequences
 - ▶ Brain and CNS- headaches, dizziness, inattention and hallucinations
 - ▶ Strokes due to clotting from inflammation
 - ▶ Muscular weakness, numbness, and burning or prickling
 - ▶ www.advisory.com



COVID-19 Consequences

- ▶ Increase in domestic violence
- ▶ Increase in domestic violence- related homicide with ties to stress or other related COVID-19 factors
- ▶ Increase in gun and ammunition sales- link between firearm access and homicide/suicide
 - ▶ China DV reports tripled during the shelter in-place mandate
 - ▶ France reported a 30% increase
 - ▶ Brazil reported a 40-50% increase
 - ▶ Usher K et al 2020, Campbell AM 2020

COVID-19 Consequences

- ▶ Discrimination and blame of those that test positive- HCW committing suicide
- ▶ Increase in Xenophobia
 - ▶ People from China stigmatized
 - ▶ for the COVID-19 outbreak
 - ▶ 'China Virus', 'Wuhan Virus',
 - ▶ Since January 2020 UK and US report increase in violence and hate crimes towards people of Asian decent
 - ▶ Asian Americans have been hit, spat upon, coughed on, yelled at and assaulted in 44 states and Washington DC
 - ▶ Windows broken, tires slashed, property graphited
 - ▶ Over 1,700 cases if anti-Asian incidents reported to the Stop AAPI Hate online tracker (March 19-April 29)
 - ▶ Stabbing on 2 children in their parents in Texas
- ▶ Usher K et al 2020

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COVID19 Consequences

- ▶ Large number of Americans filing for unemployment benefits
- ▶ Slowing of manufacturing of essential goods
- ▶ Poor cash flow in the market
- ▶ Significant slowing down in the revenue growth
- ▶ Postponement of examinations



COVID19 Consequences

- ▶ Cancellation or postponement of large scale sports and tournaments
- ▶ Avoiding of travel and cancellation of services
- ▶ Disruption of celebration of cultural, religious and festive events
- ▶ Closure of hotels, restaurants and religious places
- ▶ Closure/limit of places for entertainment



Stress and Values

Top Stressful Live Events

- ▶ Death of a Loved one
- ▶ Divorce
- ▶ Moving
- ▶ Major illness
- ▶ Job Loss

Limit Stress

- ▶ Health
- ▶ Connection
- ▶ Entertainment
- ▶ Predictability
- ▶ Vacation
- ▶ Financial security
- ▶ Secure housing



Top Stressful Life Events

- ▶ Death of a loved one
 - ▶ Every person that dies from COVID-19 9 family member are affected
 - ▶ 190,000 Americans died from COVID-19 through the end of August – 1.7 million will be significantly affected
- ▶ Divorce
 - ▶ 34 % higher nationally from March-June compared with 2019
 - ▶ Peak appeared to occur during 'disillusionment phase'- optimism turns to discouragement and negative reactions occur
- ▶ Rosner, E 2020 (new York post), Graham J (Kaiser Health news) 2020 CNN, Cohin D 2020 (PEW research center)



Top Stressful Life Events

- Moving
 - 9%- 3% moved, 6% had someone move in with them
- Major illness
 - COVID 19
- Job loss
 - Associated with depression, anxiety and decreased self-esteem- leads to increased rate of suicide and substance use
 - Unemployment rate of 14.7% in May - level not seen since great depression of 1930s (Prior to February 2020 rate was 3.5%)
 - Rosner, E 2020 (new York post), Graham J (Kaiser Health news) 2020 CNN, Cohin D 2020 (PEW research center)

Stress

- ▶ Health
 - ▶ Inconsistent messages between media, government or health officials
 - ▶ Entertainment
 - ▶ Cancellation or postponement of large scale sports and tournaments
 - ▶ Closure/limit of places for entertainment
 - ▶ Predictability
 - ▶ Many Unknowns
 - ▶ Corona virus numbers are increasing as businesses/restaurants re-open- could necessitate another shelter in place order
- ▶ Usher K et al 2020
- ▶ <https://www.youtube.com/watch?v=43-dl34aoH4>

Stress

- ▶ Vacation
 - ▶ Significant limitations
- ▶ Financial security
 - ▶ High Unemployment rate
- ▶ Secure housing
9% having change of housing or additional people in their home
- ▶ Connection/Loneliness
 - ▶ Social Distancing- significant research linking poor mental health to social isolation and loneliness, loss of freedom, boredom
 - ▶ Associated with reduced lifespan and higher risk of mental and physical illness and suicide
 - ▶ Disruption of celebration of cultural, religious and festive events
 - ▶ March data revealed 47% of people sheltering in place reported negative mental health effects from worry or stress related to corona virus vs 37% that did not shelter in place
- ▶ <https://www.youtube.com/watch?v=hoc9f7ootEs>
- ▶ <https://www.youtube.com/watch?v=43-dl34aoH4>



COVID 19 Impact on Those Experiencing Job Loss

- ▶ Considered high risk group for increase in mental health concerns and suicide
 - ▶ Associated with depression, anxiety and decreased self-esteem- leads to increased rate of suicide and substance use
 - ▶ Unemployment rate of 14.7% in May - level not seen since great depression of 1930s (Prior to February 2020 rate was 3.5%)
 - ▶ Linked to substance use disorders
 - ▶ Based on economic downturn, 75,000 additional death due to substance use or suicide may occur by 2029
- ▶ Continued controversy regarding the virus
- ▶ <https://www.youtube.com/watch?v=hoc9f7ootEs>



COVID 19- The Impact on Mental Health

- ▶ KFF Tracking Poll The KFF Health Tracking Poll is the Kaiser Family Foundation's signature survey project, providing consistent and up-to-date information on the public's opinions, knowledge, and experiences with the U.S. health care system.
- ▶ Census Bureau's Household Pulse Survey
- ▶ Morbidity and Mortality Weekly Report by Centers for Disease Control and Prevention- August 14, 2020
- ▶ Data from mid July from the KFF poll
- ▶ 53% of Americans reported the COVID 19 negatively impacting their mental health due to stress and anxiety regarding the pandemic 'cornophobia'
 - ▶ Women report more negative mental health impacts than men due to worry and stress from coronavirus (57%vs 50%)
 - ▶ Households that lost income or employment were more likely to report negative mental health impact (58% vs 50%)
- ▶ [kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/](https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/) August 21, 2020, <https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>, <https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>, Panchal N et al 2020, Chakraborty N 2020



COVID 19- The Impact on Mental Health

- ▶ Individuals with lower incomes have generally reported more negative mental health impacts due to anxiety about the pandemic
 - ▶ Less than \$40,000 - 35 %, greater than \$90,000- 20%
- ▶ Individuals reporting other symptoms that can decrease level of functioning
 - ▶ 36% reported difficulty sleeping
 - ▶ 32% reported a decrease in appetite
 - ▶ 12% increase in substance use or alcohol use
- ▶ During the pandemic 1 in 3 adults of expressed symptoms of an anxiety or depressive disorder (increasing rate from May 34.5% to July 40.1%)
 - ▶ Prior to the pandemic it was 1 in 10
 - ▶ [kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/](https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/) August 21, 2020, <https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>, <https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>



COVID 19- The Impact on Mental Health

- ▶ Census Bureau's Household Pulse Survey
 - ▶ National Center for Health Statistics-20 minute online survey
 - ▶ Data collected from April 23-July 2020 asking GAD-2 and PHQ-2 over last 7 days
- ▶ April-July women were more likely than men to report symptoms of depression and anxiety (44.6 vs 37.0% July 16-July 21)
- ▶ 53.4% of individuals ages 18-29 screened positive for an anxiety or depression
- ▶ Individuals with less education were more likely to report anxiety and depressive symptoms
- ▶ Adults with job loss were more likely to report depression or anxiety during pandemic

▶ [kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/](https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/) August 21, 2020



COVID 19- The Impact on Mental Health

- Morbidity and Mortality Weekly Report by Centers for Disease Control and Prevention- August 14, 2020
- Web based survey was completed by 5,412 individual in the united states from June 24-30,2020
 - PHQ-4 and 6-item Impact of Event Scale
 - Compared against 2nd quarter of 2019
 - 31% vs 8.1% reported anxiety/depressive symptoms
 - 62.9% of those between the ages of 18-24 years
 - 26% reported Trauma/Stressor – related disorder symptoms
 - 13% reported new or increased substance use to cope with stress or emotions
 - 24.7% of those between the age of 18-24 years
 - 11% vs 4.3% reported seriously considering suicide in the past 30 days
 - SI more prevalent among males
 - 25% in individuals 18-24 years of age
 - Czeisler ME et al 2020



COVID 19- The Impact on Substance Use

- ▶ Misinformation – ‘protective role of low to moderate use of alcohol’
- ▶ India nationwide lockdown has included prohibition on sale of alcohol and limited public transportation
 - ▶ led to withdrawal symptoms and suicides by individuals with alcohol use disorders
- ▶ Alcohol is a risk factor for depression and anxiety
- ▶ Study in China reported that relapse to alcohol abuse (19%) and tobacco (25%) were common in those previously abstinent
 - ▶ 32% of individuals that drank alcohol on a regular basis reported an increase in use and 20% of smokers reported an increase in use
- ▶ Kumar A &Nayar K 2020, Sun Y. 2020



COVID 19- The Impact on Substance Use

- ▶ Alcohol sales of increased-55% nationally- 1.36million gallons of liquor in March
- ▶ Current data suggests that opioid overdose and deaths are on the rise in 2020
- ▶ Cannabis sales are increasing (160% in California, 100% in Washington and 46% in Colorado) – sales are significantly higher March and April 2020 compared with these months last year

▪ Kumar A &Nayar K 2020, Sun Y. 2020



COVID 19 Impact on Frontline Health Care Workers

- ▶ 77.4% of HCW caring for patients during the SARS outbreak in 2003 developed mental health concerns
- ▶ Burnout in hospitals is high for young nurses and high patient to nurse ratio
- ▶ Risk of suicide high among physicians
- ▶ Outbreaks have found to have lasting mental health effects on front line workers for up to 3 years following the conclusion of the outbreak

▶ Usher et al 2020, [kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/](https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/) August 21, 2020



COVID 19 Impact on Frontline Health Care Workers

- ▶ Mid-April 64% of households with a health care worker reported symptoms due to worry/anxiety regarding COVID-19 vs 56% of total population
 - ▶ Difficulty sleeping, difficulty eating, increase in alcohol consumption, increase in substance use, worsening chronic condition
- ▶ Anxiety is higher among nurses than physicians
- ▶ PTSD-Self rating scale results were higher among woman medical staff than men

▶ Usher et K al 2020, kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/ August 21, 2020



COVID 19 Impact on Frontline Health Care Workers

- ▶ Study in China reported providers with increased feelings of depression, anxiety and psychological burden
 - ▶ Increased in nurses, women and providers directly related to diagnosing and treating patients with COVID-19
- ▶ Another study in Poland found 50% of female HCW to screen positive for anxiety (GAD-7) and 27% of males- nephrology and dermatology clinics
 - ▶ 22.3% of females screened positive for depression (PHQ-9) and 11.5 % of males
 - ▶ 21.7% reported seriously considering suicide in the past 30 days
- Chakroboarty N 2020, Szepietowski JC et al 2020



Resiliency and Prevention

- ▶ Five-factor model of personality
 - ▶ Extraversion-assertive, energetic, and gregarious behavior
 - ▶ Neuroticism-emotional instability, moody
 - ▶ Openness to experience- individual's inquisitiveness, thoughtful and ability to engage in intellectually challenging tasks
 - ▶ Agreeableness- empathy, sympathetic, kind behaviors
 - ▶ Conscientiousness- sense of responsibility and duty

- ▶ Grice JW 2019



Resiliency and Prevention

- ▶ Personality
- ▶ Neuroticism- more chronic negative affect, intense reactions to negative events, rely on emotion-focused than problem-focused coping strategies
- ▶ Conscientiousness- organized, dutiful, and responsible, exercise more, worry more, smoke less, adhere to medication, took more precautions to avoid getting sick, more concern about the community, stock piled less
- ▶ Extraversion- more optimistic, experience positive affect, greater global self efficacy, positive evaluations of their lives, hopeful and optimistic about the pandemic and recovery, engaging in more preparations

▶ Aschwanden D et al 2020



Resiliency and Prevention

- 1 Be optimistic- retain faith things will improve while confronting current reality- genetic but can be learned
- 2 Develop cognitive flexibility- reframe, assimilate, accept and recover
- 3 Embrace a personal moral compass
- 4 Find a resilient role model
- 5 Face your fears- learn and practice skills that help to control fear
- 6 Use positive coping skills
- 7 Develop a support network
- 8 Exercise
- 9 Develop emotional intelligence- recognize your own emotions and emotions of others. Use this to help guide interactions
- 10 Recognize your strengths- engage these strengths to deal with difficult and stressful situations



Resiliency and Prevention

- Maintaining regular sleep-wake cycle
- Recognize and acknowledge fear
- Make and keep a schedule
- Identify hobby/activity that makes you feel good
- Spend time with loved ones
- Get in touch with old friends through phone or social media
- Give yourself time to adapt
- Consider meditation or yoga
- <https://www.youtube.com/watch?v=NIQLmDB83Z8>



Resiliency and Prevention for Children

- ▶ Help child find a way to express feelings- sometimes this can be done through writing, playing or drawing
- ▶ Discuss COVID 19 in an honest and age- appropriate way with kids
- ▶ Maintain family routines as much as possible
- ▶ If appropriate have kids continue to socialize with other kids- even if this is only family members
- ▶ Children will often watch for emotional cues from their caregivers- stress contagion
- ▶ Try to keep children with primary caregiver- During periods of separation from primary caregiver, schedule twice daily contact
- ▶ Have plans if school is closed, etc



Mental Health Care

- In March of 2020, Ohio department of mental health and addiction services and Medicaid, in partnership with Governor DeWine's Office developed emergency rules to expand telehealth options for Ohioans
- Individuals can safely be served in their home instead of having to come into mental health/addiction facilities
- Flexibility around videoconferencing and telehealth visits
- No face to face visit is necessary to initiate telehealth services
- Additional services allowable to be covered via telehealth including peer recovery, SUD case management, crisis intervention, assertive community treatment (ACT), and intensive home based treatment services



Mental Health Care

- ▶ **Ohio Crisis Text Line**

- Text keyword "4HOPE" to [741 741](tel:741741)

- ▶ Substance Abuse and Mental Health Services Administration's (SAMHSA's) Disaster Distress Helpline:

- ▶ 1-800-985-5990

- ▶ text TalkWithUs to 66746. (TTY 1-800-846-8517)

- ▶ Ohio's Department of Mental Health and Addiction Services help line

- ▶ 1-877-275-6364 (resources in your community)

- ▶ National Suicide Prevention Hotline: 1-800-273-8255



Mental Health Care

- ▶ <https://www.youtube.com/watch?v=Wy6xtIRAVAY>
- ▶ Already limited by shortage of mental health care providers
- ▶ Expected to be exacerbated by the COVID-19 Pandemic
- ▶ Government has relaxed regulations surrounding providing telemedicine
- ▶ Coronavirus Aid, Relief and Economic Security Act (CARES Act) – help to address shortage
 - ▶ \$425 million dollars to Substance Abuse and Mental Health Services and Administration
 - ▶ Provisions for expanding coverage for and availability of telehealth for those with Medicare, private insurance or other federally funded programs
 - ▶ VA to expand coverage to isolated veterans through telehealth
 - ▶ help health care providers provide connected care services to patients at their homes or mobile locations
 - ▶ Telehealth Program will provide immediate support to eligible health care providers by funding their telecommunications services necessary to provide care services (including mental health care)



Mental Health Care

- ▶ Examples of services and devices that COVID-19 Telehealth Program could fund:
 - ▶ Telecommunications services and broadband connectivity services: voice services, and internet connectivity services for health care providers or their patients.
 - ▶ Information services: remote patient monitoring platforms and services; patient reported outcome platforms; platforms to provide video consultation.
 - ▶ Internet connected devices: tablets or smart phones
 - ▶ <https://adamhfranklin.org/coronavirus-covid-19-provider-updates-and-resources/>



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Questions?



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