



Maintaining Mental Health in the Midst of a Pandemic, and Afterwards

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Objectives

- To understand how to best cope with the pandemic
- To be able to recognize behavioral health symptoms in oneself and recognize when one should seek professional help

COVID-19's Impact on Behavioral Health

- High Levels of Stress
- Sense of lack of control (toilet paper)
- Social Isolation
- Unemployment
- Home schooling
- Fear of contracting life threatening disease
- Fear of spreading life threatening disease
- **LOSS** (loved ones, job, financial, work place, special events, sports....)

COVID-19's Impact on Behavioral Health

- Increased Traumas- PTSD
- Stress may trigger and can exacerbate Anxiety Disorders- panic, generalized
- Increased Depression rates
- Increased Addiction- Alcohol Consumption increased, Opiate use increased
- Increased Suicide Rates- suicide rates have historically been correlated to downturns in the economy.
- Australia- more deaths from suicide than from COVID-19. Rates up 50%
- Increased rates of domestic violence

Tips for Coping with COVID-19

- Keep to daily routine (helps give one a sense of comfort and control)
- Follow Sleep hygiene
- Regular Exercise
- Stay connected with friends and loved ones
- Self and Home Improvement efforts
- Take advantage of the opportunity to be with your family more- find ways to have quality family time.

Tips for Coping with COVID-19

- Healthy Diet
- Watch alcohol intake
- Do not watch news too much- depressing, and overwhelming
- Process feelings with friends and loved ones
- Seek help- teleMH is available
- EAP



Tremendous Losses Associated with Pandemic

- **So Many Losses-**
- actual losses (loved ones, job),
- perceived losses (loss of freedom, loss of community),
- anticipated losses (early retirement plans likely no longer possible)

We Need to Grieve Losses

- Kubler Ross 5 Stages of Grief:
 - Denial,
 - Anger,
 - Bargaining,
 - Depression, and
 - Acceptance

Grief

Physical symptoms of grief:

- fatigue,
- nausea,
- trouble breathing,
- trouble sleeping,
- Physical pain

Working through Grief

- Takes time to work through grief
- Need support from friends and loved ones
- Be kind to oneself
- Honor your loss
- Acknowledge your pain

Working through Grief

- Engage in activities that bring one peace
- Developing a personal way to memorialize your loved one
- Focus on healing
- Reach out to those who have had similar experience (grief support groups)

Barriers to Working Through Grief

- Addiction
- Need to give yourself time
- Not able to have funerals
- Social isolation

When Should Someone Get Help?

- Excessive guilt about the loss of their loved one
- Start to think they should have died with loved one
- Start thinking they would be better off dead or life is not worth living
- Difficulty trusting others
- Can't perform normal daily activities

Major Depressive Disorder:



Major Depression- the facts:

- Lifetime Prevalence 15%.
- 2X more common for women.
- Family Hx?
- Mean age is 40, but can occur at any age.
- Increased risk of occurrence after losing close relationship.
- Occurs in all socioeconomic classes and races.

Course of illness:

- Untreated- can last for 6-12 mos.
- Treated- can often resolve within 2 mos.
- Risk for Recurrence: 40% recur within 2 years after resolution, up to 85% recur at some point.

Major Depression sx's:

- Change in sleep pattern
- Change in appetite
- Decreased energy
- Suicidal ideation
- Anhedonia
- Decreased concentration and memory
- Depressed Mood

Sx's continued:

- Feelings of worthlessness
- Helplessness
- Excessive guilt
- Irritability/ tearfulness
- Psychosis?
- 5 or more sx's for 2 wks duration
- What to watch for at work- isolation, sad affect, tearfulness, less energy, decrease in productivity, increase in errors (poor concentration), falling asleep.

Alcohol Use Disorder



Alcohol Use Disorder

- Lifetime Prevalence: 10%
- Equal prevalence between males and females.
- Age of Onset- teens- late life
- No Racial difference in prevalence.

Alcohol Use Disorder- the Sx's

- Causes problems- job loss, legal, relationship losses yet individual continues to use
- Amount of use and potency of product used tends to gradually increase, including may start to use in am
- Psychological dependence- inability to stop or cut back
- Physical dependence can develop if individual uses heavily daily
- Withdrawal sx's: tremor, sweating, elevated pulse, BP, temp, and breathing rate, delirium, seizures, can be life threatening when severe

Alcohol Use Disorder Course:

- Can be Lifelong illness
- Often recurrent exacerbations
- Can be life threatening
- Negative physical effects on brain, neuro system, stomach, muscle wasting, hepatic inflammation, heart
- What to look for: change in productivity, slurred speech, decreased coordination, irritability or volatility, isolating, poor attendance

Suicide Risk

- 10% Lifetime Risk

Other Addictions

- Opiate Use Disorder
 - Stimulant Use Disorder
 - Sedatives
 - THC
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- What to look for: change in productivity, slurred speech, decreased coordination, irritability or volatility, isolating, poor attendance

PTSD: the facts

- Lifetime Prevalence: 3.6% for men and 9.7% for women
- Mean age- early 20s. But can occur at any age.
- Can occur in all races.
- Need to be exposed to a potentially life threatening trauma

PTSD: the sx's

- Reliving Sx's- nightmares of trauma, recurrent intrusive thoughts, flashbacks
- Avoidance Sx's- emotional numbing, avoidance of stimuli that remind one of trauma, and avoidance of talking about trauma or issues around it
- Hyperarousal sx's- decreased sleep, hypervigilance, increased startle, anxiety

PTSD sx's cont'd:

- Irritability
- Can affect work and relationships
- Dissociation

- What to look for- signs of individual being stressed, irritable, hypervigilance, or on edge, and signs of avoidance. Decreased productivity, dissociation

PTSD course:

- Can be lifelong and chronic illness especially if not recognized and treated early on
- Can be effectively treated.
- Recurrent traumas make chronicity more likely and are correlated with increased severity

Other Anxiety Disorders:

- Panic Disorder with or w/o Agoraphobia
 - Generalized Anxiety Disorder
 - Simple Phobia
 - OCD
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- Goal: Maximize function and minimize anxiety symptoms

Treatment for M/BH Conditions

- Most M/BH issues are treatable
- Most mental illnesses are best treated with a combination of medication and psychotherapy treatment
- Treatment takes time for people to respond- for example, an antidepressant medication- (often used to treat depression and anxiety disorders) can take 2-4 weeks to start working and 6-8 weeks to have its full effect.
- However, there are significant shortages of MH care and addiction treatment across our region

Questions??

- Thanks for being a great audience

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