



COVID-19: Behavioral Health Impact

This meeting will be recorded and will be available at www.fmda.org/journalclub.php



FMDA Journal Club

May 27, 2020

Diane Sanders-Cepeda, DO, CMD – Presenter

Marc Agronin, MD – Special Guest

Agenda

COVID-19 State of the State

Behavioral Health Impact

Open Discussion

World Map



U.S. Map



Critical Trends

COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU)



Total Confirmed 681,793

Confirmed Cases by Country/Region/Sovereignty

- 681,793 US
- 222 Brazil
- 180 Russia
- 102 United Kingdom
- 159 Spain
- 155 Italy
- 147 France
- 124 Germany
- 162 Turkey
- 104 India
- 191 Iran
- 151 Peru



Cumulative Confirmed Cases Active Cases Incidence Rate Case-Fatality Ratio Testing Rate Hospitalization Rate

in0 Admin1 Admin2

Last Updated at (M/D/YYYY) 7/2020 9:32:30 AM

188 countries/regions

Lancet Inf Dis Article: Here. Mobile Version: Here. Lead by JHU CSSE. Technical Support: Esri Living Atlas team and JHU APL. Financial Support: JHU and NSF. FAQ. Read more in this blog. Contact US.

Global Deaths 98,933

98,933 deaths US

US State Level Deaths, Recovered

29,302 deaths, 64,443 recovered New York US

11,194 deaths, 25,384 recovered New Jersey US

6,473 deaths, recovered Massachusetts US

5,266 deaths, 33,168 recovered Michigan US

5,163 deaths, 41,868 recovered

Global Deaths

US Deaths, Recovered



Confirmed Logarithmic Daily Cases



Total Cases

52,255

Cumulative Data for Florida Residents:

Positive Residents

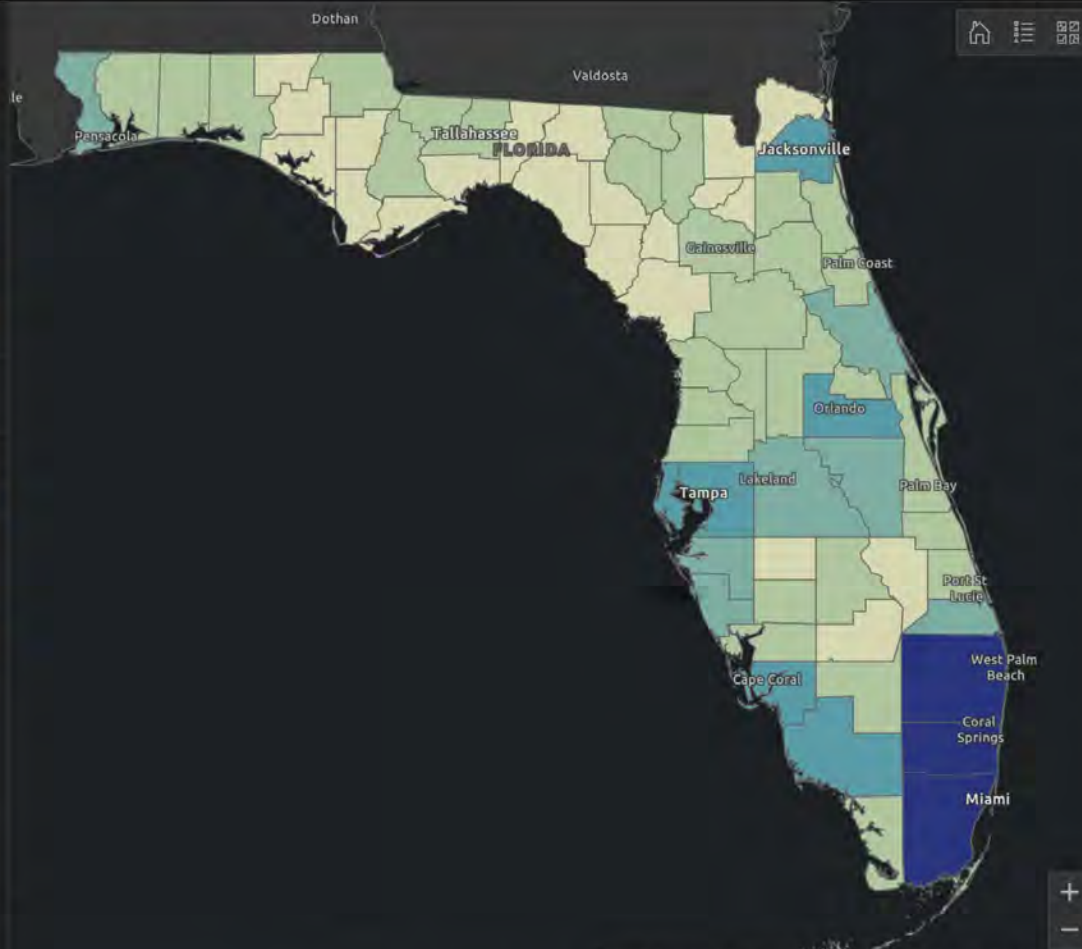
50,916

Hospitalizations

9,482

Deaths

2,259

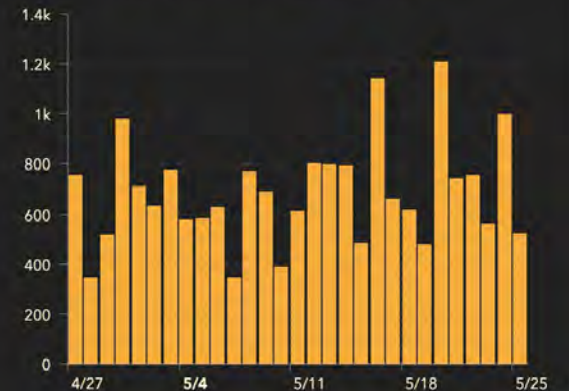


FDEP, Esri, HERE, Garmin, FAO, NOAA, USGS, EPA, NPS | ...

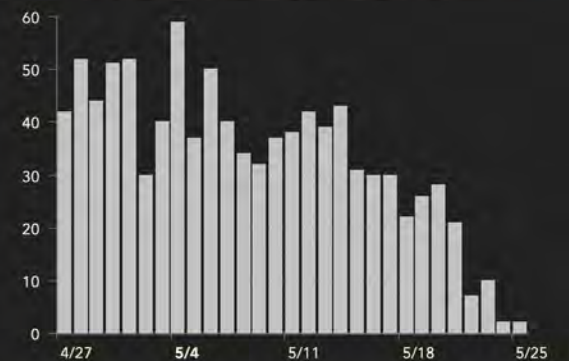
Data is updated every day at approximately 11 A.M. ET.

Recent Data for Florida Residents (Last 30 Days):

New Cases of Residents by Day



Resident Deaths by Date of Death



The Deaths by Day chart shows the total number of Florida residents with COVID-19 that died each day from 4/27 to 5/25.



COVID – 19 Impact on
Behavioral Health

Marc Agronin, MD

Senior Vice President for Behavioral Health

Chief Medical Office, MIND Institute

Miami Jewish Health, Miami Florida

Affiliate Associate Professor of Psychiatry and Neurology,

University of Miami Miller School of Medicine



“Reports from the 18th and 19th centuries suggest that influenza pandemics, in particular, have been marked by increased incidences of various neuropsychiatric symptoms, such as insomnia, anxiety, depression, mania, psychosis, suicidality, and delirium.”

Emily Troyer, Jordan Kohn, and Suzi Hong
Brain Behavior and Immunity, 2020

The Impact of COVID-19 on Behavioral Health

- Neuropsychiatric effects
- Frontline caregivers
- The psychology of staying-at-home
- Long-term care settings
- Lessons learned

Neuropsychiatric effects

- Coronaviruses can affect neural tissue and can have effects acutely and lingering for weeks to months afterwards
- In one study of COVID-19 patients in Wuhan, nearly 50% of infected had neurological symptoms including headaches, paresthesias, stroke and encephalopathy
- Many patients report “brain fog” related to hypoxia
- Elevated risk for psychotic symptoms and delirium, associated with cytokinemia
- Concern about post-infectious sequelae as seen with other viral infections

Desforges et al., Virus Res 2019 ; Wu et al., Brain Behav Immun, 2020 ; Mo et al. Clin Infect Dis 2020;

Frontline caregivers

Data from studying frontline caregivers in other pandemics have seen:

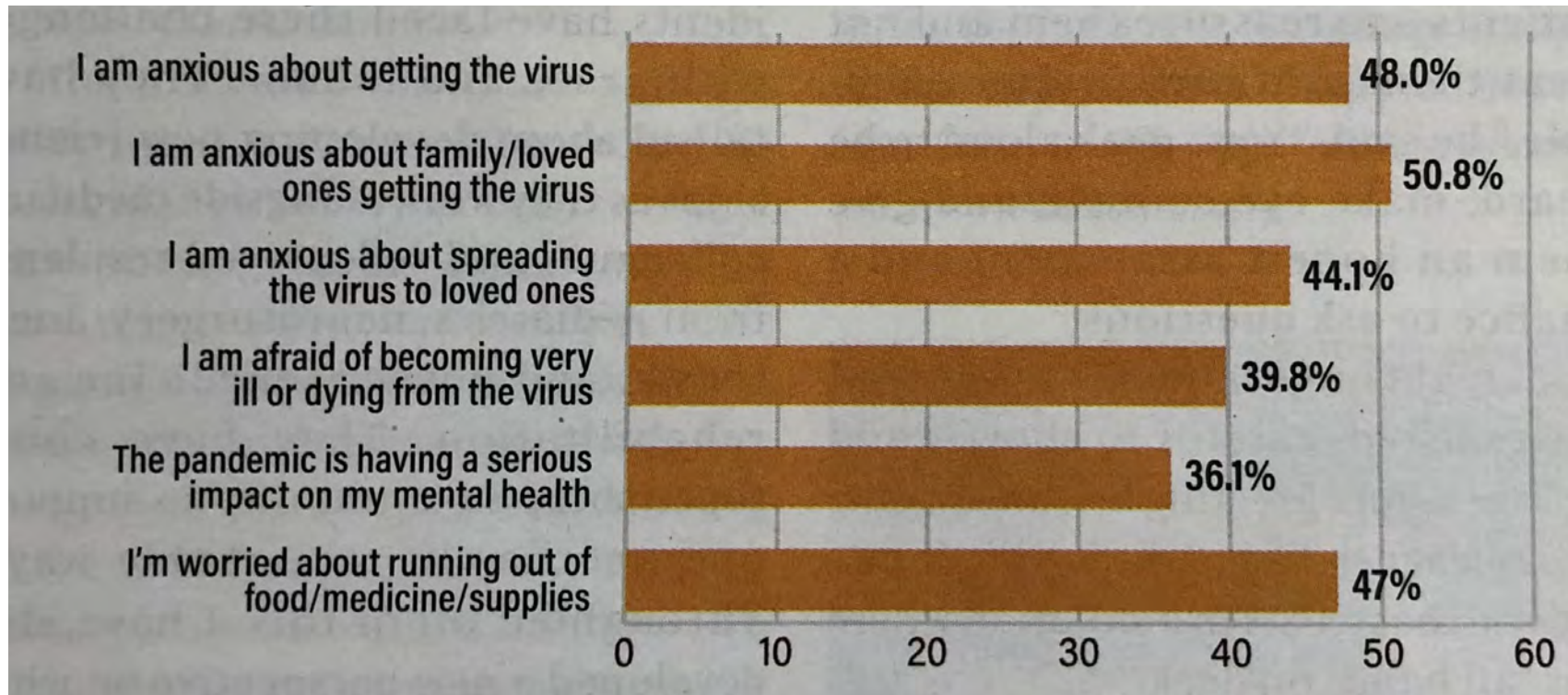
- Increased risk for acute stress reactions and PTSD
- Increased risk for anxiety, panic attacks, depression and suicide

A North American support team of psychiatrists and other MH professionals provided telephone and video contacts with Chinese health care workers and found several stages of emotional change: bewilderment, shock, anger, anxiety burnout, and desperation

The best time to intervene was during stages of anger and anxiety, with time-limited, professional therapeutic tools

“A pandemic of anxiety and stress”

A survey of N=1004 Americans aged 18 and older looked at reactions to the COVID-19 pandemic:





The psychology of staying-at-home

- Social isolation, boredom and lack of stimulation
 - Lack of access to stress-reducers: gyms, beauty salons, shopping centers, bars, etc.
 - Lack of access to medical and mental health services
 - Relapse in previously stable psychiatric illness
 - Discord, abuse confined to the home
 - Generational differences in outlook, needs and communication
-

Long-term care settings

- Residents are not only experiencing social isolation, but also confinement to their rooms, lack of exercise and sunlight, and reduced access to both medical and mental health services
- Boredom and lack of socialization
- Social isolation is not necessarily a new experience
- Video chats are a reasonable substitute for some time
- Increases in sadness, anxiety and failure to thrive may be long-term consequences of room isolation



Responding to the Mental Health Pandemic

- Mental health issues must be treated as both acute and long-lasting sequelae of the COVID-19 pandemic
 - Patients need aggressive identification and treatment of mood and anxiety disorders, neurocognitive changes and delirium
 - Frontline staff need “emotional PPE”: pre- and post-stress surveillance and reduction techniques, virtual supports groups and individual counseling on anxiety, depression, grief and post-traumatic stress reactions
 - Long-term care residents need to be socially mobilized as soon as possible to increase family and staff contact and meaningful, stimulating activities
 - Resilience can be boosted by giving and receiving support and empathy from others
-



Lessons Learned From One LTC Facility

- Multi-lingual staff education on stress identification and reduction is key, with a focus on deep breathing, hydration, breaks and sleep
 - Daily staff huddles are key touchpoints for safe social gathering, providing updates, reassurance, inspiration and education (e.g., on staying safe, proper PPE), and opportunities to vent and ask questions
 - Mental health hotline can provide confidential contacts
 - Individual talks and counseling
 - Referrals to professional mental health services
 - Encourage mutual check-ins and “emotional pulse taking,” among ALL staff
 - Virtual visits (via phone or video) and room-based activities via TV helped to engage many residents
-

Helping Healthcare Workers

We've collected resources to help those of you working in long term care and skilled nursing facilities during this time of crisis. We know that as caregivers in long term care, the threat of the virus is especially worrisome as you develop special bonds with the people you care for, often for many months or even years. We hope these resources offer ways for you to manage some of the stress and anxiety you may be feeling, and help you best care for your residents in the ways you normally do. If you have a resource you would like to add, please email us at: programs@paltcfoundation.



#WE ARE PALTC



Open Discussion



THE FLORIDA SOCIETY
FOR POST-ACUTE AND
LONG-TERM
CARE MEDICINE

**400 Executive Center Drive, Suite 208
West Palm Beach, FL 33401**

www.fmda.org; www.bestcarepractices.org



This meeting has been recorded and will be available at www.fmda.org/journalclub.php