

# Psychiatry Perspectives On Patient Care In A Post-Pandemic World

# Our Featured Speakers

## Richard Weisler, MD

**Position:** Richard Weisler, MD, has had a psychiatric practice since 1980, where he and his team follow more than 2,000 patients with a mixture of psychiatric disorders. He is board certified by the American Board of Psychiatry and Neurology. He is an Adjunct Professor of Psychiatry at the University of North Carolina (UNC) Chapel Hill School of Medicine, where he previously served for many years as chairman of the Board of Visitors for the Department of Psychiatry. Dr. Weisler is also an Adjunct Professor of Psychiatry & Behavioral Sciences at Duke University Medical Center.

**Education:** Dr. Weisler received his MD from the University of North Carolina at Chapel Hill.



## Allan Chrisman, MD

**Position:** Allan Chrisman, MD, is an Associate Professor Emeritus at Duke University School of Medicine. During his 40 years of practice in general adult and child psychiatry, he worked on inpatient, residential, and outpatient settings. He practiced for 13 ½ years at an HMO, the Harvard Community Health Plan where he was a consultant to pediatric and internal medicine practices. He was also chief of two mental health departments at the Harvard Community Health Plan - Cambridge and Watertown, MA. Since retiring, he has pursued his interest in disaster mental health as an American Red Cross Disaster Health Services and Disaster Mental Health volunteer during disasters.

**Education:** Dr. Chrisman received his MD from the George Washington University School of Medicine.



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# Objectives

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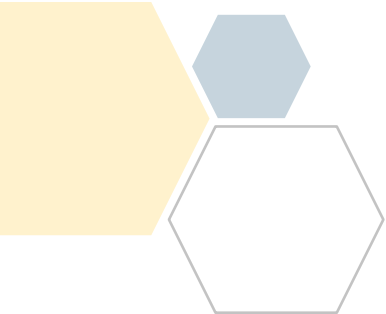


Review impact of COVID-19 on mental health and wellbeing

Discuss new innovations and technological approaches to psychiatric patient care

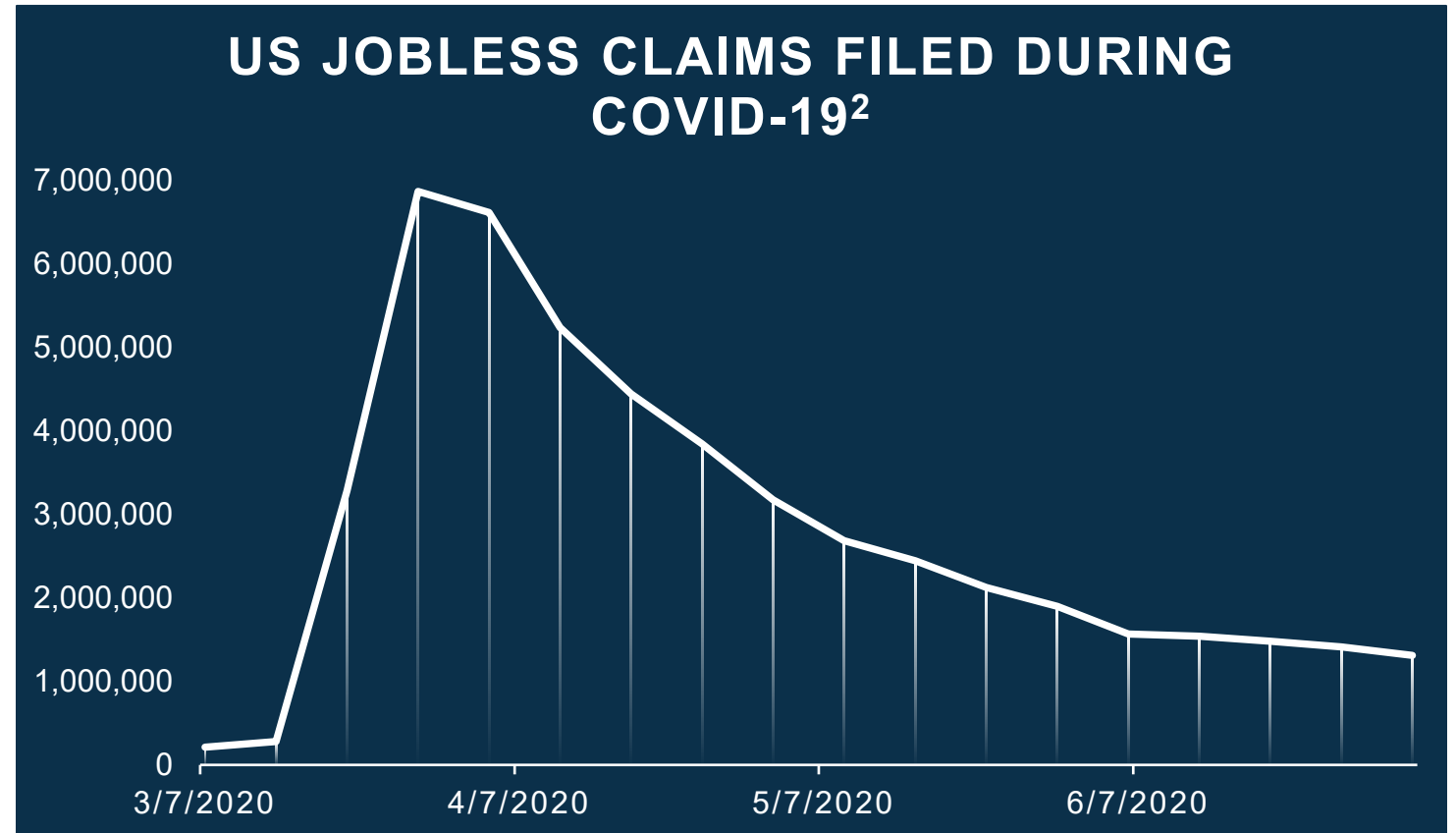
Identify treatment methods and a path forward for the lasting effects of COVID-19

# COVID-19 Impact



# Impact of COVID-19

- Infections and deaths in the US<sup>1</sup>
  - Over 4,800,000 cases
  - Over 157,000 deaths
- Economic<sup>2</sup>
  - Over 50 million jobless claims since March 2020



1. <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/us-cases-deaths.html>. Accessed August 7, 2020.

2. <https://finance.yahoo.com/news/jobless-claims-coronavirus-unemployment-week-ended-august-1-2020-160514853.html/> Accessed August 7, 2020.

# Mental Health During the Pandemic

- Mental distress in UK households rose from 18.9% in 2018-2019 to 27.3% during April 2020<sup>1</sup>
  - Greater mental distress identified in the young, females, and those living with children<sup>1</sup>
- Survey of US adults (n=5,412) between June 24-30, 2020<sup>3</sup>
  - 30.9% Anxiety or Depressive Disorder Symptoms
  - 26.3% Trauma or Stress Disorder related to pandemic
  - 13.3% started substance use or increased to cope with pandemic

## Mental Health America's Anxiety Screeners – Main Things Contributing to Mental Health Problems for April 13-30 (n=5,525)<sup>2</sup>

Reason	% of Respondents
Loneliness/Isolation	60%
Past Trauma	46%
COVID-19	45%
Relationship Probs.	38%
Current Events	31%
Financial Probs	26%
Grief	24%

1. Pierce M, et al. Lancet Psychiatry 2020; Published **Online** July 21, 2020. [https://doi.org/10.1016/S2215-0366\(20\)30308-4](https://doi.org/10.1016/S2215-0366(20)30308-4).
2. Gionfriddo P. COVID-19 and Mental Health. Accessed August 8, 2020. <https://mhanational.org/sites/default/files/Coronavirus%20Mental%20Health%20Presentation%206-1-2020.pdf>
3. Czeisler ME et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: [http://dx.doi.org/10.15585/mmwr.mm6932a1external\\_icon](http://dx.doi.org/10.15585/mmwr.mm6932a1external_icon).



# Post-Pandemic Considerations

- There is a growing “care debt” during pandemic due to canceled and postponed treatments, which may worsen in the post-pandemic period due to financial uncertainty for healthcare systems and providers<sup>1</sup>
- School closure potential impacts:<sup>2</sup>
  - Reduction in health care staffing related to childcare
  - Loss of nutrition, healthcare, and socialization for children
  - Loss of behavioral health activities, physical activity, and social support for those with special needs and disabilities
  - Potential for long-term impact on education, income, and life expectancy

1. Wosik J, et al. Telehealth transformation: COVID-19 and the rise of virtual care. J AM MED INFORM ASSN 2020; 27 (6): 957-962

2. Donoue JM, et al. COVID-19 and School Closures. JAMA. Published online July 29, 2020. doi:10.1001/jama.2020.13092

# Mental Health Implications of COVID-19

- Coronavirus has been implicated in neuropsychiatric conditions after Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS)
- Potential mechanisms include direct infection of the central nervous system (CNS) or a neuroinflammation response to the infection
- 1-month post hospitalization screenings of Italian COVID-19 survivors revealed self-reported pathologic psychiatric symptom levels
  - 28% for PTSD
  - 31% for depression
  - 42% for anxiety
  - 40% for insomnia
  - 20% for obsessive-compulsive

Mazza GM, et al. Anxiety and depression in COVID-19 survivors: role of inflammatory and clinical predictors. *Brain, behavior and immunity* 2020; <https://doi.org/10.1016/j.bbi.2020.07.037>. Accessed August 6, 2020.

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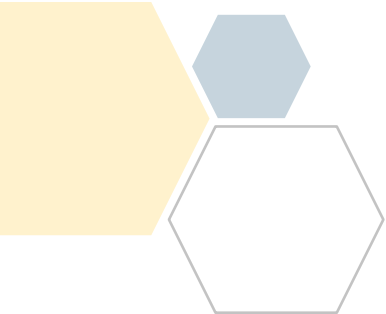
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# Suicide Mortality and COVID-19

- Survey of US adults (n=5,412) from June 24-30, 2020 revealed that **10.7%** of respondents had seriously considered suicide in the past 30 days<sup>1</sup>
- Groups with higher rates include:<sup>1</sup>
  - 25.5% of adults age 18-24
  - 18.6% of Hispanic respondents
  - 15.1% of non-Hispanic black respondents
  - 30.7% unpaid caregivers for adults
  - 21.7% of essential workers
- Social distancing may increase the risk of suicide<sup>2</sup>
  - Economic stress
  - Social isolation
  - Barriers to mental health treatment related to lack of childcare
  - Illness and medical problems
  - National anxiety (constant and persistent) and round the clock news coverage are a potential stressor
  - Health care professional suicide rates
  - Firearm sales

1. Czeisler MÉ et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1external>  
icon.2. Reger MA. JAMA Psychiatry. Published online April 10, 2020. doi:10.1001/jamapsychiatry.2020.1060

# Innovations In Patient Care During COVID-19



# Looking to History for Guidance

- Monoamine oxidase inhibitors (MAOIs) originally a treatment for tuberculosis but found to have beneficial side effects, such as euphoria, psychostimulation, increased appetite, and improved sleep<sup>1</sup>
- Due to tuberculosis risks, psychiatric hospitals adjusted to improve patient nutrition and hygiene, and improve early detection via annual chest x-rays<sup>2</sup>



"Muskegon County Tuberculosis Sanatorium - date unknown" by Hackley Public Library

1. Hillhouse TM, et al. A brief history of the development of antidepressant drugs: from monoamines to glutamate. *Exp Clin Psychopharmacol* 2015; 23(1): 1-21.

2. MacDonald JW. Tuberculosis in state mental hospitals. *American Journal of Psychiatry*. 1960; 117 (2): 125-132.

# Telehealth Considerations

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- Overcoming barriers to care related to “stay at home” orders and reducing community spread of COVID-19
  - Potential for proactive patient outreach and engagement
- Inpatient staffing can be stretched across geographic areas and physical barriers to conserve personal protective equipment (PPE)
- Allow staff in high-risk groups (older, immunocompromised) or in quarantine to supplement onsite staff
- Allow staff with childcare responsibilities to work remotely
- Provide inpatients a connection to family and friends

Wosik J, et al. Telehealth transformation: COVID-19 and the rise of virtual care. J AM MED INFORM ASSN 2020; 27 (6): 957-962.



# Telehealth Strategies

Platform	Use Case	Opportunities	Limitations
E-Consult	<p><u>During and after initial surge:</u></p> <ul style="list-style-type: none"> <li>To assist front-line clinicians with triaging of urgent referrals</li> <li>Assist front-line clinicians with low-complexity patient where capacity among specialist is limited</li> </ul>	<ul style="list-style-type: none"> <li>Time-efficient for specialists</li> <li>Availability of new inpatient clinician-to-clinician billing codes</li> <li>Patient-requested second opinions possible</li> </ul>	<ul style="list-style-type: none"> <li>Potential shift in work to front-line clinician</li> <li>Lack of direct contact with patients or physical exam</li> </ul>
Remote Patient Monitoring	<ul style="list-style-type: none"> <li>Particularly useful for chronic conditions</li> </ul>	<ul style="list-style-type: none"> <li>Response to clinical data outside regular clinic visits</li> <li>Recording can be sent automatically to clinicians</li> <li>Payers support remote monitoring</li> </ul>	<ul style="list-style-type: none"> <li>Requires staffing infrastructure</li> <li>Ideally, data is integrated into EHR for workflow</li> </ul>

EHR, electronic health records

Wosik J, et al. Telehealth transformation: COVID-19 and the rise of virtual care. J AM MED INFORM ASSN 2020; 27 (6): 957-962.

# Telehealth Strategies

Platform	Use Case	Opportunities	Limitations
Patient-Initiated Messaging	Efficient handling of straightforward issues	Patient initiates communication when convenient	<ul style="list-style-type: none"> <li>Requires technology and infrastructure</li> <li>Potential lack of context, requires EHR integration to be optimal</li> </ul>
Telephone Visit	Replace some face to face visits	Universally accessible to even most ill/low socioeconomic status	<ul style="list-style-type: none"> <li>Devalued by most payers, not able to conduct a physical exam or view facial cues</li> </ul>
Video Visit	Replace face to face visits and expand care throughout healthcare system	<ul style="list-style-type: none"> <li>Favored over telephone by payers</li> <li>Able to see non-verbal cues and limited exam</li> </ul>	<ul style="list-style-type: none"> <li>Requires technology</li> <li>Sickest will be least able to participate in this care</li> </ul>

EHR, electronic health records

Wosik J, et al. Telehealth transformation: COVID-19 and the rise of virtual care. J AM MED INFORM ASSN 2020; 27 (6): 957-962.

# Future of Psychiatry in a Post-Pandemic World

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“My guess is that telepsychiatry will eventually establish itself as the preferred mode of care for most patients with mild to moderate psychiatric problems. It is not optimal for severely ill patients who suffer from complex psychiatric, medical, social, and economic problems that require face-to-face contact. And there will be a significant minority of patients and clinicians who do not like, don't have access to, or can't use, screens-but this fraction will likely diminish over time.”

~ Allen Frances, MD

*Professor Emeritus and former Chair, Department of Psychiatry, Duke University*

Frances A. *Future of Psychiatry in a Post-Pandemic World*, *Psychiatric Times*. June 4, 2020. <https://www.psychiatristimes.com/view/future-psychiatry-post-pandemic-world> Accessed August 6, 2020.

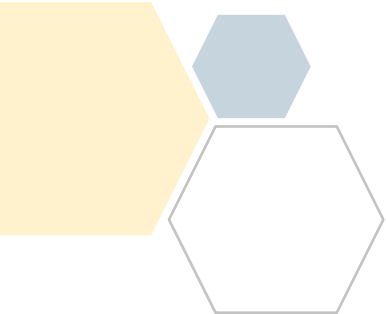
# Post COVID-19 Practice

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- Hybrid practices
  - Potential reduction in clinic square footage and staffing related to financial pressures and development of more cost-efficient care models
- Access to care in rural areas
  - Telehealth addresses issues of limited access and privacy concerns
  - Opportunity for culturally appropriate care not found locally
    - Racial and ethnic minorities accounted for 83% of the population growth in rural areas
  - Connecting non-specialists in rural areas to network of specialists for case consultation

Substance Abuse and Mental Health Services Administration. (2016). Rural Behavioral Health: Telehealth Challenges and Opportunities. *In Brief*, Volume 9, Issue 2.

# Managing Mental Health During COVID-19



# Community Resilience

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- Community Resilience – capacity for a community to prevent, withstand, respond to and recover from a disruption
- Utilizing knowledge from disaster planning to identify and help communities at risk
  - Triangle Regional Resilience Partnership in North Carolina has identified socially vulnerable populations that may be disproportionately affected by stressors and impacts to health

Rogers K, et al. Triangle Regional Resilience Assessment: Technical Report for the Triangle Regional Resilience Partnership. Asheville, NC: UNC Asheville's National Environmental Modeling and Analysis Center, October 2018.

# Suicide Risk & Prevention During a Pandemic

## Mental health services & Individual providers

- Clear assessments & care pathways
- Evidence-based intervention

### Crisis helplines:

- Maintain/increase volunteer workforce

### Government

- Adequate resourcing for interventions

Experience of Suicidal Crisis



## Mental health services & Individual providers

- Care delivery in different ways
- Support for health-care staff & frontline workers

### Government

- Adequate resourcing for interventions

Mental Illness



### Government

- Monitoring intake & reminders on safe drinking

Alcohol Consumption



### Government

- Financial safety net
- Ensure longer-term measures in place

Financial Stressors



### Government

- Ensure access & support

Domestic Violence



### Retailers:

- Vigilance dealing with distressed

### Government & non-governmental organizations

- Carefully framed messages re-access to lethal means

Access to Means



### Media professionals:

- Moderate reporting, in line with existing & modified guidelines

Irresponsible Media Reporting



### Communities

- Support for those living alone

### Friends & Family

- Regular check-ins

### Mental health services & Individual providers:

- Ensure access & availability of help for bereaved

### Government:

- Adequate resourcing for interventions

Isolation, entrapment, loneliness, & bereavement



# Suicide Prevention Opportunities

- Physical distance not social distance
- Tele-mental health
- Increase access to mental health care
- Distance-based suicide prevention
- Media reporting
- Lethal means restrictions<sup>1</sup>

If you or someone you know is in crisis, call:<sup>2</sup>

**Suicide Prevention Hotline/Lifeline**  
**1-800-273-TALK(8255)**

Or text:

**Crisis Text Line**  
**741-741**

1. Reger MA. *JAMA Psychiatry*. Published online April 10, 2020. doi:10.1001/jamapsychiatry.2020.1060. 2. NIMH. Suicide Prevention Hotline/Lifeline. Available at: <https://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml>. Accessed 2020



# Resources for Health Care and Community Leaders

- American Psychiatric Association Foundation Center for Workplace Mental Health
  - Employee Mental Health & Well-being During & Beyond COVID-19
  - Working Remotely During COVID-19: Your Mental Health and Well-being
- Center for the Study of Traumatic Stress
  - Grief Leadership During COVID-19
  - How Public Health Leaders Can Support Communities Dealing with Quarantine
  - Health Risk and Crisis Communication to Enhance Community Wellness
- Coronavirus and Mental Health: Taking Care of Ourselves During Infectious Disease Outbreaks by the American Psychiatric Association
- Helping People Manage Stress Associated with the COVID-19 Virus Outbreak by the National Center for PTSD
- Addressing Stigma Associated with COVID-19 by the World Health Organization

[https://www.psychiatry.org/psychiatrists/covid-19-coronavirus?utm\\_source=Internal-Link&utm\\_medium=Side-Hero&utm\\_campaign=Covid-19](https://www.psychiatry.org/psychiatrists/covid-19-coronavirus?utm_source=Internal-Link&utm_medium=Side-Hero&utm_campaign=Covid-19). Accessed August 10, 2020.

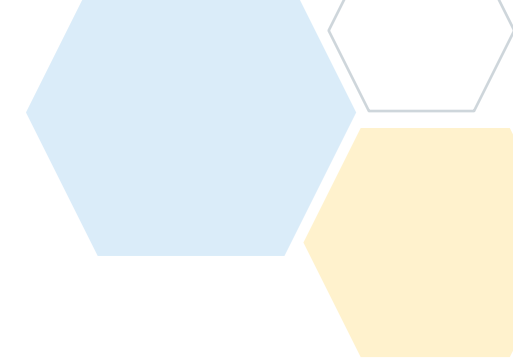
# Summary

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- COVID-19 pandemic has increased levels of mental distress in the community and infection may lead to psychiatric symptoms
- Telehealth presents solutions to barriers to care during COVID-19 with implications for future practice
- Management of mental health during pandemic may require strategies learned from other crises

# Questions

# Closing



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