



Mindful
Continuing Education

The Impact on Mental Health During a Pandemic



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Introduction

If the Coronavirus of 2020 has shown us one thing it is that there is nothing more important than taking care of your health. While the phrase “taking care of your health” may mean different things to different people and cultures, it is generally understood that isolation and fear contribute to poor mental health. In this course, learners explore the impact that a pandemic has on mental health for those with and without the virus, the changes that must occur to take care of one’s whole health, and the impact that a pandemic can have. This course will also explore the interventions that can be utilized to maximize one’s health during a pandemic.

First, it is important to understand what a pandemic is. Generally speaking, an epidemic will spread and become a pandemic. An epidemic is a disease that impacts a significantly large population of people within a community (Intermountain Healthcare, 2020). When that epidemic spreads over multiple countries or continents, it is considered a pandemic. Covid-19, better known as the Coronavirus, is a good example of a pandemic.

Impact

How does a pandemic impact the general population?

A pandemic will inevitably change the social atmosphere of communities and the world. The impact of a pandemic is that lives are changed for everyone. While the lives of people with pre-existing conditions and those with the disease or working on the front line may be more impacted by a pandemic than communities as a whole, the general population is still likely to be greatly effected.

It is worth understanding how pandemic causes widespread panic for all. According to Usher, K., Durkin, J., and Bhullar, N. (2020), a pandemic has simply put a change in the environment. When environments change drastically without preparation, anxiety and fear are the first emotional experiences by those who learn of the changes (Usher, Durkin, & Bhullar, 2020). Because humans are biologically wired to protect their safety and the safety of their immediate peers (family, friends, etc.), they naturally worry that their safety is at risk. They might be compulsively thinking thoughts such as:

Who will be the first to get the virus?

What will happen if I get the virus?

What will happen to my family if I get the virus, or worse, die from the virus?

Will my children be safe at school?

These compulsive anxious thoughts build and build. They have significant impacts on a person's health. Anxiety, when experienced on a prolonged basis, has the following effects on a person's body:

1. **Breathing problems** (Cherney, 2020) – anxiety will cause rapid and shallow breathing
2. **Headaches** – stress headaches are very common
3. **Pounding heart** – heart palpitations are very common for people who experience anxiety. The heartbeat quickens in pace and intensity. This can lead to cardiac issues such as heart attack or stroke
4. **Loss of libido** – anxiety can decrease sexual desire
5. **Fatigue** – people who constantly worry will feel exhausted and tired despite sleeping enough, eating enough, and drinking enough water
6. **Increase in blood pressure** – blood pressure can rise when anxiety is experienced
7. **Muscles aches** – anxiety can be so impactful on a person's body that it manifests as physical pain
8. **Upset stomach** – stomach pains are very common for people who worry. This can look like ulcers, nausea, and diarrhea
9. **Immune system functioning** – our immune system does not function as well when experiencing chronic stress. This can lead to sickness and actually make a person more likely to contract the virus (Cherney, 2020)

The Centers for Disease Control (2020) also identifies how stress causes negative outcomes such as the following:

- Fear or worry about health and finances
- Losing supports that a person relies on
- Difficulty sleeping and changes in eating
- Worsening of chronic health problems

- Worsening of mental health issues
- Increased use of tobacco and other substances (CDC, 2020)

Individuals are more likely to experience hypervigilance during a pandemic (Usher, Durkin, & Bhullar, 2020). This is a state of extreme alertness where individuals are very sensitive to their environments and surroundings. That hypervigilance can result in Post-Traumatic Stress Disorder (PTSD) in severe situations. Anxiety and hypervigilance caused by pandemics can lead to people feeling a lack of control in their lives, hopelessness, despair, and grief. These feelings, when sustained, can result in depression, self-harm, and even suicide. They are exacerbated when the government, both local and national, is not clear and objective in their plan and communication for addressing pandemics (Usher, Durkin, & Bhullar, 2020).

Pandemics often result in quarantine, which has negative social, mental, and physical health impacts. Quarantine has significant psychological impacts. Those who are quarantined are more likely to struggle with exhaustion, feel detached from others, be irritable, experience insomnia, have poor concentration, struggle to make decisions, experience reduced work performance, and consider resigning from work (Brooks, Webster, Smith, Woodland, Wessely, Greenberg, 2020). According to one 2020 study conducted during Covid-19, PTSD is four times higher in children who have been quarantined compared to those who have not. Parents who have had to quarantine are 22% more likely to experience a trauma-related mental health disorder as compared to those who have not had to quarantine.

There are also several studies that have identified the long-term impacts of quarantine. Three years after the SARS outbreak there were studies that found substance use was positively correlated with having been quarantined. This was especially high for people who worked in healthcare and had to quarantine after being exposed to positive patients. These studies also found that people who had quarantined had long-term avoidance after the quarantine period ended. For example, they might avoid public places or large crowds for even months after their quarantine period. It could be assumed that the avoidance of peers had a significant impact on their interpersonal relationship skills, however, the study did not specifically identify this (Brooks, Webster, Smith, Woodland, Wessely, Greenberg, 2020).

Quarantine impacts social health because individuals are unable to physically see their peers. Those who are forced into quarantine are more likely to have significant negative impacts on social health compared to those who voluntarily quarantine (Chatterjee &

Chauhan, 2020). These individuals might be more likely to connect with others via technology, such as FaceTime or Zoom, whereas those who are forced into quarantine are less likely. Technology is an essential way for individuals to remain connected during the need to quarantine. Technology acts as a buffer for reducing social skills and ensuring social health remains intact during quarantine (Chatterjee & Chauhan, 2020).

There are also physical health impacts of pandemics and being home more. According to Kathy Katella (2020) of Yale Medicine, medical doctors see many patients who gain 5-30 pounds during pandemics because of being home more. Individuals spend their time at home and are less likely to exercise, more likely to overeat and drink, and more likely to watch television. Physical health is also greatly impacted because individuals struggle to see their doctors for routine physical appointments during a pandemic. Most doctors want their patients to stay home to prevent potentially spreading disease and therefore patients may not be seen for small medical needs. These small medical needs can potentially become serious physical health concerns when they go untreated. According to Kathy, the following strategies are helpful for ensuring that physical health is maintained during a pandemic:

1. Create a routine and stick to it on a daily basis – this routine should include movement and ensure that individuals are not just sitting most of the day
2. Set a daily wake time and bedtime – oversleeping or undersleeping can negatively impact health
3. Plan meals ahead to ensure balanced eating and reduce the likelihood of snacking excessively
4. Exercise regularly
5. Develop strategies to reduce stress (Katella, 2020)

How do pandemics impact families?

The Covid-19 pandemic has highlighted how pandemics may negatively impact family systems (Public Health Ontario, 2020). Families are likely to have one or more parents lose their employment and therefore struggle to pay their bills or maintain housing. They may lose their access to healthcare and the ability to purchase essential needs. Children also are often unable to attend school in-person and therefore parents have to identify appropriate childcare, which can be costly.

Children not being able to attend school presents other struggles for families. Many children who come from low-income homes and have access to free meals during their school day no longer have that access and therefore may lack the adequate nutrition support they need. Some public schools often provide therapeutic services that children miss out on during isolation. Examples of this include speech therapy, nutritional counseling, case management, occupational therapy, and referrals for other community providers.

Pandemic situations can also become very dangerous for individuals and children who live in abusive situations and have no access to outside support or providers as related to social distancing and quarantine. For example, children who live in homes where they experience abuse and neglect are often referred to child welfare services by teachers but if they are not physically at school or seeing their teachers, they are less likely to receive appropriate referrals. Individuals in domestic partner situations often experience the same isolation and inability to ask for help from community members because they are home with their abusers (Public Health Ontario, 2020).

How does a pandemic impact those with physical health conditions?

Pandemics impact communities at all levels. At macro levels, governments struggle to implement policies and procedures to address the changing needs of communities. At mezzo levels, businesses and economies are impacted. At micro levels, all people are impacted. Those who have whatever virus is spreading may be directly impacted by the pandemic, but those who do not are impacted as well. Individuals who have pre-existing physical health conditions often have unfavorable outcomes in pandemics.

Individuals with the following conditions are especially at-risk during a pandemic:

Respiratory illness

Individuals who have respiratory issues, such as Chronic Obstructive Pulmonary Disease (COPD) are at increased risk for hospitalization during a pandemic as a result of both increased anxiety and increased likelihood of infection (Cherney, 2020). Covid-19 for example causes the lungs to swell with fluid and become less elastic, so individuals become susceptible to other infections and increased blood clotting (Boland, 2020). Individuals with COPD or asthma should do the following during a pandemic: follow their action plan, attempt to manage their asthma as best as possible, continue their current medications, have a 30-day supply of their medications, avoid triggers to asthma or

COPD complication, clean and disinfect their household often, and contact their doctor as soon as possible upon identifying symptoms (CDC, 2020).

Cancer

Individuals with cancer are at increased risk of severe illness from viruses as related to a reduced immune system. These patients should take the following actions: have a conversation with their healthcare provider to discuss their personal risk and identify an action plan for interacting with the community, continue taking medications as prescribed, maintain treatment plan unless their doctor says otherwise, and do not delay life-saving treatment or emergency care as related to fear of the virus.

Chronic kidney disease

Chronic kidney disease puts a person at an increased risk of illness as well. Individuals who are on dialysis may be especially impacted by a pandemic. If they are on dialysis, they should do the following: identify a plan with their dialysis clinic and provider in the event they become sick as soon as the pandemic occurs, continue going to treatment as long as they are not sick, and have enough food on hand at home to follow the emergency diet plan for individuals on dialysis if their schedule is disrupted.

Diabetes

Individuals with diabetes, whether type 1 or type 2, are at increased risk of illness. Individuals with gestational diabetes are also at increased risk of developing severe illnesses. People with diabetes should follow these precautions: take their medications as usual, test their blood sugar regularly and track the results, ensure there is a 30-day supply of medication on hand, follow their healthcare instructions if they are feeling sick, and develop a plan with their healthcare provider in the event they become infected.

Hemoglobin disorders (for example Sickle Cell Disease)

Individuals with hemoglobin disorders are at great risk of severe illness as well. They should take the following actions in the event of a pandemic: develop a plan with their provider for when they should go to a hospital and in the interim maintain telehealth appointments, work with their provider to manage medications for their disorder, and avoid triggers that cause vaso-occlusive episodes.

Immunocompromised state

People who have compromised immune systems are generally used to being cautious during flu season or around sick friends and family. A pandemic will make them even more alert and cautious. This is because not only are they more likely to contract viruses but they are more likely to become seriously ill from a sickness. People with compromised immune systems should do the following during a pandemic: work closely with their medical team and follow the advice they give, continue to take medications and keep a supply of medications on hand, not delay life-saving or emergency medical services, and be in close contact with their medical provider if they feel sick or have been exposed to a virus (CDC, 2020).

Regardless of the pre-existing condition an individual has, they should continue to work very closely with the appropriate medical professionals to ensure a pandemic does not become dangerous to them.

How does a pandemic impact those with mental illness?

Living with a mental illness is not easy. Most people with mental disorders and persistent mental illness work diligently to function well. They use services such as Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, and other cognitive processing therapies to develop tools for coping with their disordered experience. A pandemic is likely to both worsen symptoms and make it difficult to access appropriate mental health services to ensure that a person is able to cope. A 2020 study conducted by Nina Vindegaard and Michael Benros found data to support this.

A great deal of data supporting the difficulty of pandemics on people with mental health disorders has been provided as a result of Covid-19. One study found that 37.5% of individuals with eating disorders experienced worsening of their symptoms during the pandemic (Vindegaard & Benros, 2020). Additionally, the study found that 56.2% of individuals with eating disorders had worse anxiety symptoms during the pandemic. Finally, another study determined that 20.9% of individuals with a mental health disorder diagnosed prior to the pandemic experienced worse symptoms during the pandemic than they did before.

Covid-19 has also caused outpatient mental professionals to make immediate adjustments in their practices, therefore causing great difficulties for some patients. Because people are generally spending most of their time at home during a pandemic, mental health professionals have to transition to telehealth services to care for their

patients (Bojdani, Rajagopalan, Chen, Gearin, Olcott, Shankar, Cloutier, Solomon, Naqvi, Batty, Festin, Tahera, Chang, & DeLisi, 2020). While telehealth services are the healthiest and safest way to access mental health services for individuals in outpatient care, they cause challenges such as difficulty programming or developing treatment plans, difficulty delivering services, and difficulty assessing patients. There is truly nothing that replicates in-person mental health services, despite professionals trying the best that they can.

Technology also poses challenges because it can fail and some patients may be unable to afford high-speed internet. Additionally, providers have to utilize HIPAA compliant technology and if a pandemic offers no warning, not all professionals will have such service in place. A survey of 32 non-profit mental health organizations in California found that 87% of the agencies lacked the equipment needed to conduct telehealth amidst the Covid-19 pandemic and there was a lack of the appropriate protective physical equipment in place to support in-person services. For many patients, issues like this can result in no longer receiving the appropriate mental health care that they need to function. This can lead to serious behavioral health crises such as suicidal ideation, suicide attempts, self-harm, homicidal behavior, and other dangerous outcomes.

Not only is outpatient mental health greatly impacted, but partial hospitalization and inpatient hospitalization programs are impacted as well. Partial hospitalization programs are likely to change their admission standards to protect patients from potential exposure. In this event, people who need services may be denied access to the level of care that they require.

Most patients who are admitted into a full hospitalization program will admit directly from emergency rooms where they were transported in crisis. Emergency rooms are in high demand during a pandemic and psychiatric patients who are held in emergency rooms will likely be in contact with caregivers and other patients who may be sick. While most facilities will have screening tools to protect patients, there is no guarantee that individuals who are in need of psychiatric care won't also contract whatever virus causes a pandemic.

Social distancing, or the practice of being physically away from peers (for example, standing six feet away at all times), can impact the inpatient experience as well. Most psychiatric programs offer many group therapy programs and skills programs every day. During a pandemic, hospitals have to follow social distancing rules and this can cause the program to reduce the number of groups that they offer or remove them altogether. Patients spend more time in their rooms and access only one-on-one services. Group

work can be really helpful to the recovery process and so patients are not able to receive all the benefits that inpatient services can offer during a pandemic.

Patients may also experience even more anxiety about potentially contracting a virus in the hospital as a result of so many healthcare workers coming in and out. Additionally, patients with severe psychiatric symptoms such as hallucinations or delusions may struggle to follow social distancing rules and wear masks as required. This can pose many challenges in the inpatient setting for both patients and staff (Bojdani, et al., 2020).

Individuals with substance use disorders are also at a heightened risk for contracting viruses (Volkow, 2020). People who vape or smoke will have poorer lung health and therefore may have more severe symptoms when sick. There is research that suggests that exposure to cigarettes and e-cigarettes diminishes the body's ability to fight infection. Therefore not only is a person more likely to become seriously ill when they contract a virus but they are also more likely to contract the virus in the first place.

Individuals who use opioids also face issues where their respiratory health is concerned. Opioids decrease the oxygen that goes to the brain and this puts the individual in a life-threatening situation when a virus is also limiting the flow of oxygen in the body. Methamphetamine constricts the blood vessels and so if a person who uses methamphetamine becomes sick, he/she may require additional support to prevent pulmonary damage.

Individuals with substance use disorders also have general risks where viruses are concerned because they are more often homeless and lacking appropriate health insurance or access to free healthcare. They are also more likely to be incarcerated and therefore living with large groups of people in small quarters where it is difficult to prevent a virus from spreading. A pandemic and the need to transition to telehealth for outpatient support can also prevent people with substance use disorders from getting appropriate care such as access to clean needles and medically assisted treatment (Volkow, 2020).

The findings from the studies presented indicate that all mental health professionals should be prepared with a backup plan when in-person mental health care cannot be provided for whatever reason. While a pandemic occurring is devastating and unexpected, it can become a high-risk situation for individuals who are in need of person-centered and prompt mental health services.

Impact on healthcare workers

Pandemics impact professionals in the healthcare industry in a different way than those working in other fields. Nurses and doctors cannot transition their work to be home-based necessarily. Those who are working on the front line experience the following stressors that can lead to poor mental health:

1. **Risk of infection** – healthcare workers are disproportionately at-risk for infecting the pandemic virus compared to others in the community (Cooch, 2020). This fear is extremely difficult to cope with.
2. **Sense of helplessness** – professionals working in medical settings during a pandemic are likely to experience a lack of appropriate protective physical equipment, beds, and other medical technology they need to properly support themselves and their patients. This leads to a sense of helplessness.
3. **Moral injury** – the sense of helplessness that healthcare workers are experiencing leads to moral injury because they often have to decide which patients will and will not access the care they need. For example, during Covid-19 there has been a lack of respiratory equipment and medical staff have had to decide based on need who would and would not access devices when many patients need them. This moral injury results in negative effects on their mood and self-esteem.
4. **Lack of social support** – healthcare professionals face such severe situations at work during a pandemic that non-healthcare workers struggle to understand and identify with. This leads to a lack of sufficient social support for them. Additionally, because medical professionals need to self-quarantine often, they are physically removed from their social supports. This can lead to PTSD and isolation.

The following recommendations are made for the medical system to promote the best possible outcomes for healthcare workers:

1. Keeping healthcare workers updated on the newest information associated with a pandemic will support them and reduce the fear that comes with uncertainty (Ehrlich, McKenney, & Elkbuli, 2020). This should include information about the virus, rates of exposure, the decision-making processes medical facilities are going through when navigating a pandemic, and the ethical use of resources by medical facilities. When healthcare workers are unaware of this information mass panic ensues and burnout is experienced at higher rates because they feel unsupported and unseen.

2. Supporting healthcare workers who have to self-isolate from their families is essential. Many professionals have to move out of their homes during a pandemic because of fear of infecting their spouses, children, and other family members. It is essential that medical systems provide resources to support them in the midst of such disruption in their lives. Individuals who have exposed a family member or friend because they were exposed at work feel sadness and guilt. Healthcare workers live in such constant fear in a pandemic that the long-term effects include PTSD, anxiety, and depression.
3. Ensuring healthcare workers have access to supportive mental healthcare and employee assistance is of the utmost importance to counteract the negative mental health outcomes that they will likely experience as a result of a pandemic.
4. Healthcare workers also need to know when their breaks will be during their shifts and be prompted to take care of themselves during these breaks. This will help to counteract the exhaustion that occurs when working a shift during a pandemic. This is especially true for healthcare workers in hospital settings.
5. Appropriately staffing medical centers is absolutely vital when navigating a pandemic. Medical facilities can employ recently retired professionals and agency professionals if they are experiencing a lack of appropriate staffing to meet pandemic needs. Healthcare workers who are exposed and at-risk should not be working so much overtime. This only negatively impacts their mental health (Ehrlich, McKenney, & Elkbuli, 2020).

How does a pandemic impact those with the virus?

A pandemic has serious negative effects on those who contract the virus. To start, it is extremely difficult for a person's body to have a virus for which there may or may not be appropriate treatment available. Covid-19, for example, causes the following symptoms: high fever, cough, difficulty breathing, fatigue, muscle aches, headaches, sore throat, congestion, nausea, and diarrhea (CDC, 2020). These physical health symptoms will naturally cause the patient's mental health to decline. There is also the fear that comes with wondering how severe the virus will be for them. Wondering if a person's sickness may cause him or her to die is devastating.

Recovering from a pandemic virus will also cause emotional responses. individuals will likely respond differently, but it is expected that they may have any of the following emotional reactions as they recover:

- Relief
- Fear about their health even after recovery
- Fear about the health of their family
- Stress from the experience of monitoring themselves
- Sadness, fear, or anger when others avoid them because of fear of contracting the virus even if they have been cleared to be around people
- Guilt from not doing their work or parenting while sick
- Worry about being re-infected or sick again
- Post-Traumatic Stress Disorder symptoms (CDC, 2020)

Individuals who have a serious virus during a pandemic will unfortunately need to consider important decisions about their lives in the event the virus becomes fatal. They are advised to identify someone as their health care decision-maker, talk to family and medical professionals about what they want most for their lives, and to think about what they want for their lives and health should the virus cause them to be seriously ill or be fatal to them (Ariadne Labs, 2020).

Contracting a pandemic virus will impact different people differently. Those who are cognitively intact and who can understand the risk of severity may experience less anxiety than those who have cognitive deficits, mental illness, or who are generally at higher risk (CDC, 2020). In order to most successfully understand the impact of the virus, one must first understand the individual experiencing it. A medical team supporting individuals will ideally support their person-centered experience while sick. This is especially true when people are hospitalized. They should receive competent and culturally responsive care.

What is culturally responsive care?

Before provider can understand culturally responsive care they must first understand that minority populations experience illness in a disproportionate way (Georgetown University, 2020). For example, African American people are 13% more likely than Caucasian people to have chronic illnesses after the age of 50 and Latino people are 4% more likely. The same is true for mental health. The following are statistics from the American Psychiatric Association (2017) that are worth noting:

- People who are racial minorities have a higher rate of disability from mental illness than white people
- Depression in black and Latino people is more persistent than in white people
- People who identify as being two or more races are more likely to report a mental illness than any other group of people
- American Indians/Alaskan Natives have higher rates of Post-Traumatic Stress Disorder and alcohol use than any other group
- White Americans are more likely to die by suicide than any other group
- Mental illness is common for incarcerated people, and there is a disproportionately higher rate of incarcerated people of color compared to white people
- Minority youth with behavioral difficulties are more likely referred to the juvenile justice system than white people
- Lack of cultural understanding by healthcare professionals contributes to underdiagnosing or misdiagnosing individuals who are racially diverse

Individuals who come from racially marginalized backgrounds also experience the following barriers to care:

- Lack of insurance
- Mental illness stigma
- Lack of diversity from their healthcare professionals
- Lack of culturally competent healthcare
- Language barriers
- Distrust in the system
- Inadequate support for mental health (American Psychiatric Association, 2017)

Culturally responsive care is defined as “the ability of individuals and systems to respond respectfully and effectively to people of all cultures, in a manner that affirms the work and preserves the dignity of individuals, families, and communities” (Leigh, 2017).

Culturally responsive care does the following:

- Makes an accurate assessment of the individuals' health and mental health that takes into consideration their background and culture
- Communicates the assessment effectively to the patients and develops a treatment plan with them based on their response
- Incorporates models of healthcare from various backgrounds
- Acknowledges the cultural effect on health outcomes (Leigh, 2017)

The following recommendations are made from Georgetown University (2020) to ensure that healthcare and mental healthcare systems are more culturally relevant:

1. Provide interpreter services
2. Recruit and retain staff who are diverse
3. Provide training on cultural competency
4. Coordinate with different types of healers across cultures
5. Use community health workers
6. Ensure that marketing and promotion speaks to a diverse populations
7. Locate clinics in geographic areas for all populations
8. Expand hours of service
9. Provide linguistic competency outside of just administrative staff. Clinical staff also need this (Georgetown University, 2020)

At-risk populations for reduced mental health

Marginalized groups of people are likely to respond to pandemic stress more strongly than those with privilege (CDC, 2020). This is because a pandemic will impact individuals differently depending on their backgrounds, financial situations, social network supports, health, the community they live in, and mental health status.

People who will likely respond more strongly to pandemic stress include the following:

- People who are at high-risk for severe illness if they get sick

- Children and teenagers
- People who care for family members
- Essential workers
- Individuals with mental illness
- Individuals with substance use disorders
- People who have lost their jobs
- People with physical disabilities
- People with developmental or cognitive disabilities
- People who are socially isolated from family and friends
- People who belong to racial minority groups
- People who do not have access to information in their primary language
- People who are homeless
- People who live in group settings such as group homes, nursing homes, etc.

Coping during a pandemic

Because a pandemic causes such great impacts on the health and wellness of communities, it is important that individuals have strong coping toolkits to utilize. The following are common signs of distress that indicate additional coping skills are needed:

- Fear, sadness, anger, worry, numbness, or frustration
- Changes in appetite, energy, and activity levels
- Difficulty concentrating
- Difficulty with decision making
- Difficulty falling asleep or staying asleep
- Experiencing nightmares
- Physical illnesses such as body aches, stomach aches, skin rashes, or headaches

- Worsening of health problems that are chronic
- Increased substance use

If individuals are noticing the signs above in themselves or their mental health provider notices these signs, they should increase their coping skills. Depending on the person's experience with the pandemic, there may be different ways to cope. The following are general steps for coping during a pandemic:

1. **Taking care of a person's body** – eating well, exercising consistently, and ensuring that they are sleeping enough are important strategies for caring for their body. They should also avoid alcohol, drugs, and tobacco to be in the best health possible. A baseline level of health will ensure that individuals are able to respond effectively to stressors in their environment
2. **Staying connected with others** – individuals need to remain connected to supportive family members, friends, and peers. This will ensure that they are communicating their fears, receiving validation and support, and continuing to enjoy life to the best of their abilities
3. **Taking breaks** – it is essential that people take breaks from media, news, work, and other responsibilities to simply care for themselves. During a pandemic, the media is likely constantly talking about terrifying situations that may heighten the anxiety being experienced. Taking breaks is essential to maintaining a person's wellbeing
4. **Staying informed** – while taking breaks is important, it is also important that people are informed about the current information being provided. They do not need to be constantly inundated with media coverage of the pandemic but they should be informed about the best practices for their health
5. **Seek mental health supports when needed and access crisis services if needed.** A pandemic may increase the mental health crisis. It is important that individuals know how to access crisis care. It is recommended that they program local and federal crisis line information in their cell phones for easy access

Supporting children to cope

Pandemics are especially difficult for children. Because children are likely to have a significant interruption in their daily life during a pandemic (loss of school, childcare, etc.) it is essential that their primary caregivers offer supportive environments, are

attentive, and teach them how to use appropriate coping skills. Some children may have stronger reactions to a pandemic than others. Factors that impact such reactions include:

- How closely impacted they are by the pandemic
- Any previous trauma or stressors
- Fear that they or a loved one may die
- Separation from caregivers
- Physical injury
- How the parents and caregivers respond to the pandemic
- Family resources
- Relationships with family and peers
- Exposure to the media
- Ongoing stressors for the family (examples include loss of parental employment, need to move, etc.)
- Cultural differences
- Community resilience

Children will respond differently based on their age as well. Infants are more likely to be cranky and cry more during this time. They may be desiring more cuddles and physical touch by primary caregivers. Children ages three to six may demonstrate difficult behaviors that they appeared to previously outgrow. These may include bed-wetting, toilet accidents, and excessive fear of being away from their parents. They may also have tantrums or difficulty sleeping. Children ages seven to ten may feel sad, angry, and fearful. They may hear false information from their peers about the pandemic that parents will need to correct. They may focus on the details and want to talk about the pandemic all the time. They might not want to talk at all also, depending on the child. They will likely struggle to concentrate and focus on tasks they need to complete. Preteens and teenagers often respond to traumatic situations such as a pandemic by acting out. They might engage in reckless behavior like speeding while driving or using substances. Other children may refuse to leave their homes at all and no longer want to spend time with friends or family. They may be overwhelmed with their emotions but

struggle to communicate that effectively. They may pick fights with family and argue more. Finally, children with special needs may have more intense distress and fears if they are high-risk for contracting the virus. They may need extra validation and reassurance and more explanations about what is going on.

Children who are at greater risk of negative emotional responses need access to quality coping skills and parental support. The following information from the CDC (2020) offers strategies for primary caregivers to use during this traumatic time:

Before the pandemic becomes increasingly difficult the parent should do the following:

- Remind the child they are prepared to keep them safe
- Review the safety planning with the child. Having a thoughtful plan will help validate them and make them feel safe

During the pandemic the primary caregiver should do the following:

- Stay calm
- Reassure the child often
- Talk to the child about what is happening in a way that they can understand (developmentally appropriate language)
- Maintain a routine as best as possible

After the pandemic the primary caregiver should do the following:

- Give children opportunities to share their experiences and encourage them to ask questions
- Encourage the child to take action. For example, children volunteering or helping their friends and community members may feel a sense of control and purpose
- Share information about how children are doing with other supporters in their lives such as teachers, doctors, etc.
- Help children have a sense of structure. Help them return to school and normal activities when it is safe to do so

Coping for essential workers

Essential workers are at increased risk of stress during a pandemic. This is especially true for medical staff and first responders. They can cope at different levels. When preparing to respond, they can plan ahead. This may include learning as much information as possible about what their role will be during the pandemic and communicating that to their family and friends ahead of time. This will help their communication, assist in setting realistic expectations, and take the pressure off themselves to fix everything on their own. They should also establish a plan with their supervisor and family about who will take over their responsibilities should they become sick with the virus.

During the pandemic, essential workers should identify their stress and burnout so that they can implement adaptive coping strategies. Signs of burnout will include depression, sadness, exhaustion, constantly feeling overwhelmed, blaming others, lacking feelings for others, isolating themselves, having poor self-care, feeling tired, and feeling like a failure. They may also experience signs of secondary trauma such as excessive worry or fear about something bad happening, feeling on guard or easily startled, experiencing physical body responses to stress and nightmares, and feeling as though someone else's trauma is their own.

The following coping strategies are suggested for essential workers to utilize:

- Limiting working hours to no longer than 12-hour shifts
- Working in teams and avoiding working alone
- Writing in a journal to express feelings, fears, and frustrations
- Talking to supportive people about feelings and experiences
- Practicing breathing techniques
- Practicing body relaxation techniques
- Maintaining a healthy diet, sleep, and exercise routine
- Understanding the need to set boundaries and say “no”
- Limiting caffeine and alcohol use as much as possible
- Taking breaks as needed
- Asking for help from others as needed

It is also recommended that essential workers apply the following “buddy system” strategies in their work:

- Identify another person who can be supportive of them at work
- Get to know that person and talk about backgrounds, interests, hobbies, and other outside work activities
- Keep an eye out for one another
- Set times to check in with each other
- Listen to each other and validate the difficult experience
- Offer to help one another
- Encourage each other to take breaks
- Make each other feel safe to speak up (CDC, 2020)

Benefits of self-care during a pandemic

Self-care will likely look different during a pandemic than it does for an individual when life is less stressful. It is important to note the differences between coping and self-care. Self-care speaks to routines that promote consistency in mental and physical health (Bloom, 2020). Self-care is something done regularly to maintain health and wellness across all life domains, whereas coping strategies are tools used at the moment to reduce anxiety or stress. Self-care is a lifestyle and coping is a tool.

The following recommendations are made for individuals when developing a self-care routine during a pandemic:

1. Think about the go-to coping skills – these are skills a person knows will work for them in difficult situations. They will always have access to the ability to use these coping skills. For example, a person might keep a fidget tool in their backpack to pull out and use when anxious. They might practice deep breathing often because they know it helps. These go-to skills are accessible and easy to use in various situations to prevent maladaptive behavior
2. Develop a lifestyle routine that uses these various coping skills (for example, sleep, exercise, attending therapy, taking medications, and eating a balanced meal)

3. Establish healthy and safe boundaries with peers and family members (Bloom, 2020)
4. Develop a custom self-care plan for prevention – it is important for individuals to understand that they are uniquely themselves and they require a plan to take care of themselves and not anyone else. A plan will ensure that the individuals actually use the tools (Tygielski, 2020)
5. Ensure virtual contact with friends and family to prevent negative impacts of isolation
6. Stay outside as much as possible – vitamin D and sun helps promote health and wellness for individuals during a pandemic
7. Limit access to new information from news and media
8. Individuals should ask themselves “what do I need at this moment?” and allow themselves to take what they need, as long as it is safe and healthy (Tygielski, 2020)

There has been substantial research conducted on the topic of self-care where the quality of life is concerned. This evidence suggests that self-care practices are essential during a pandemic.

Ayala, Winseman, Johnsen, and Mason (2018) conducted research with medical students to identify their reported quality of life both physically and psychologically when utilizing low self-care, medium level self-care, and high levels of self-care. They found the following results for individuals experiencing low levels of perceived stress:

- Individuals with low self-care reported the lowest levels of psychological and physical quality of life. On a 1(lowest quality of life)-100(highest quality of life) scale individuals with low self-care reported an average of 65 points on the psychological quality of life scale and 83 on the physical quality of life scale
- Individuals with medium levels of self-care reported a 72 on the psychological quality of life scale and an 85 on the physical quality of life scale.
- Individuals with high levels of self-care reported a 77 on the psychological quality of life scale and an 87 on the physical quality of life scale

They found the following results on the same 1-100 scale for individuals experiencing medium levels of perceived stress:

- Individuals with low self-care reported an average of 55 points on the psychological quality of life scale and 74 on the physical quality of life scale
- Individuals with medium levels of self-care reported a 63 on the psychological quality of life scale and a 78 on the physical quality of life scale.
- Individuals with high levels of self-care reported a 70 on the psychological quality of life scale and an 81 on the physical quality of life scale

They found the following results on the same 1-100 scale for individuals experiencing high levels of perceived stress:

- Individuals with low self-care reported an average of 44 points on the psychological quality of life scale and 64 on the physical quality of life scale
- Individuals with medium levels of self-care reported a 53 on the psychological quality of life scale and a 69 on the physical quality of life scale.
- Individuals with high levels of self-care reported a 61 on the psychological quality of life scale and a 74 on the physical quality of life scale (Ayala, et al., 2018)

While this research is specific to college-aged students, it is easily transferable to general populations. Those who have low self-care practices and plans will likely report the lowest level of health and quality of life compared to those with medium and high levels of self-care and personalized self-care plans. Hurst (2020) identified the following six benefits of self-care:

1. **Higher levels of productivity** – individuals who have self-care practices are better able to boundary setting, say “no” and therefore have more time to focus on what is important to them. This is especially true for individuals during a quarantine. Many individuals may find that they are able to get a lot done when spending more time at home. This can be essential for their self-care during a quarantine
2. **Improved resistance to disease** – higher levels of self-care practices activate the parasympathetic nervous system which promotes rest and high levels of health for immune system functioning
3. **Higher physical health** – higher levels of self-care often results in fewer illnesses, less flu, and fewer stomach illnesses
4. **Higher self-esteem** – investing time and energy into a person’s self-care will likely result in a significant ability to understand one’s self, meet one’s own needs, and

therefore feel confident and strong. This supports less negative self-talk and more positive self-talk

5. **Increased self-knowledge** – people are more likely to understand themselves and their needs through self-care. This helps them to understand what they are passionate about, what their strengths are, and what they want to invest their energy in. This kind of self-knowledge is beautiful and should be celebrated
6. **More ability to give** – individuals with high levels of self-care are less likely to be selfish and tend to be more supportive of others. This is especially important during a pandemic because the health of the community is largely dependent on how individuals self-isolate, quarantine, and wear appropriate personal protective equipment (Hurst, 2020)

If patients are struggling to identify self-care practices that are helpful to them, they should consider the eight dimensions of wellness as identified by the Substance Abuse and Mental Health Services Administration. There are self-care practices that can be done within each domain. The eight domains are:

1. **Emotional health** – an ability to cope with life effectively and create sustainable and satisfying relationships with others as a result (Roddick, 2016). Those who feel strong in this domain have strong control of their feelings and behaviors. They face challenges well. Emotional health can be improved by engaging in recreational activities that involve different senses: smell, taste, touch, sight, and sound. Self-care activities in this domain could include listening to music, eating a person's favorite food, lighting a candle, playing with a pet, journaling, or reading personal development books
2. **Spiritual health** – feeling as though a person's life has a deep purpose that they are aware of and connected to. Their behavior is consistent with that purpose. Self-care activities in this domain could include volunteering, self-reflection, meditation, praying, being in nature, taking a break from work that does not feel fulfilling to them in order to explore work that does, pursuing an education that is fulfilling, etc.
3. **Intellectual health** – recognizes an individual's unique talents and identifies ways to use such knowledge and skills. A person can engage in intellectual self-care by learning new skills, completing a crossword puzzle, trying a new hobby, or learning critical thinking skills

4. **Physical health** – this is impacted by exercise, nutrition, and adequate sleep. To engage in physical health self-care a person can practice yoga, join a sports team, set a sleeping and waking schedule, drink plenty of water, meal prep, take medications as prescribed, be sure to attend annual physical health appointments, and avoid excessive alcohol or substance use
5. **Environmental health** – this includes the direct surroundings a person frequents on a regular basis. The health of individuals' environments are deeply connected to their overall health. People can clean their homes regularly, participate in a neighborhood watch program, conserve energy, decorate their home in a way that feels good to them, or keep their yard and/or garden nice to ensure high environmental self-care
6. **Financial health** – a feeling of satisfaction about a person's financial situation. Because finances and money management is difficult for many people and causes negative relationship outcomes and other struggles, it is important to engage in financial self-care strategies. Examples of this include seeing a financial advisor, setting a household budget, starting a savings account, cutting back on unnecessary spending, or tracking a person's spending
7. **Occupational health** – a sense of satisfaction with a person's employment or choice of work. To have strong occupational health requires that an individual has a work-life balance, has relationships with coworkers, and copes with workplace stress. Self-care in this domain ensures that these are occurring. Examples include setting a workplace stress self-care plan such as going for a walk during lunch breaks or taking a mental health day as needed, asking for support from employee assistance or human resources, establishing a friendship with coworkers and engaging in activities outside of work on a consistent basis
8. **Social health** – a feeling of connection and belonging to others. This involves having a strong psychosocial support network, using strong and effective communication skills, being authentic with others, and being respectful to others. To engage in self-care for social health a person can join a group of people or club, set a regular time to visit with friends or family, set goals and plans to achieve them, use positive communication skills, and set boundaries as needed. If individuals have strong social health their relationships should lift them up and fill their life with joy and not drain their energy or make them feel as though they cannot be their authentic selves (Roddick, 2016)

Strategies for mental health professionals working with the community

Mental health professionals are more needed than ever in the event of a pandemic. As discussed, pandemics will have a significant negative impact on the physical and mental health of communities. More people than normal may access therapeutic services, medication management, and other healing supports. It is vital that mental health professionals are supporting patients in a way that is consistent with the needs during a pandemic.

The role of a mental health professional during a pandemic is to strengthen communities and individuals (CDC, 2020). Mental health professionals should be encouraging individuals to take care of themselves, lean into their communities and values, listen to others, contribute, and to act like leaders during times of crisis. This also means that mental health professionals need to take great care of themselves in order to be present for this difficult work.

Communication

Mental health professionals should adhere to the following communication techniques during a pandemic with their clients:

- Show respect in a way that is culturally responsive
- Express empathy by acknowledging the suffering that is occurring
- Listen and make space for highly emotional responses
- Do not answer questions outside of the professional's expertise and training
- Make referrals as necessary to other providers
- Use similar language as the person being treated
- Avoid using personal examples to maintain the focus on the patient
- Pay attention to body language and respect space as needed from the patient. Mental health professionals who are working with patients who have the virus should be prepared to spark difficult conversations about the virus. The following statements as identified by Harvard's Ariadne Labs (2020) could be helpful for clinicians in discussing the pandemic with patients:

“This is a difficult time. I’m hoping we can talk about the upcoming days ahead and what is important to you so that we can ensure you have the best care. Is that okay?”

“What about your health are you most worried about right now?”

“Can I share information with you about how this illness might affect you?”

“Many people will recover from this virus, but unfortunately we also know that some will not. Are you willing to talk about these risks?”

“What is most important for your loved ones and medical team to know if you get sick?”

“How much do people around you know what is most important to you?”

“This is difficult to talk about. We can revisit this conversation anytime to ensure you best advocate for yourself and your wants.”

Mental health professionals who are working with patients who are at high-risk for the virus should also be prepared to discuss it. The following statements can be helpful in discussing this:

“Because you are at high risk of being sick, I am hoping we could discuss that if it is alright with you”

“This is a difficult time. What do you understand about the virus and how it could impact your health?”

“May I share with you my understanding of how the virus could impact your health?”

“What are you doing to protect yourself right now from the virus and how is that affecting your mental health?”

“Many people who become sick with the virus will be okay. Other people who are at high-risk, like yourself, may really struggle. I am hoping we can have a conversation about what we will do if you become severely ill?”

“With everything going on, what are you most worried about?”

“What abilities are so important to you that you can’t imagine living without them?”

“Have you thought about medical treatments that you may or may not want if you were to get sick?”

“How much do your family and friends know about your wishes?”

“This is very difficult to talk about but it will help us guide your care to serve you the way you want if you are to get sick”

The following language is offered for mental health professionals to utilize when working with patients who are in a physical health crisis as a result of contracting the pandemic virus:

“What is your understanding now of where things are with this infection?”

“We are in a very difficult situation because so many people are sick with the infection. The following rules are in place to protect you and others”

“We are doing everything to ensure you recover from this virus, however, because of your status we are unable to use certain intensive treatments for you. I wish so much that you were not in this situation.”

“What are you most worried about right now?”

“What will make the most difference to help you feel as comfortable and secure as possible?”

Because mental health professionals may likely be supporting individuals via telehealth, it is essential that they are utilizing strong communication practices. The following telehealth communication practices are recommended when having difficult conversations by telehealth:

- Cue the patient to be in a private setting if desired
- Normalize the emotional experience of the patient
- Utilize silence to offer them space to continue talking when ready
- Reflect verbally to ensure the patient is understood the way they intend to be
- Notice the environment of the home to identify health and safety hazards
- Wind down the conversation before ending abruptly to ensure the patient is at baseline (Ariadne Labs, 2020)

Coping skills for mental health professionals to teach patients

Mental health professionals should focus much of their one-on-one work during a pandemic on teaching individuals to cope. The particular methodology the professionals adheres to and that which the patient would most benefit from will determine the best practices to teach. There are helpful coping strategies in many different types of therapies.

Cognitive Behavioral Therapy (CBT) recommends these coping strategies:

1. **Diaphragmatic breathing** – this is a simple strategy for managing anxiety that is the act of breathing deeply through the diaphragm (Tull, 2019). A person's belly will rise and fall instead of the chest when using the diaphragm for breathing
2. **Progressive muscle relaxation** – this tool is the process of tensing muscle groups and then relaxing them throughout the body. A person might start in his or her toes and work up to the top of the body. It may take several minutes to tense each large muscle group and relax it but an individual will generally feel much less stress when finished with the exercise
3. **Self-monitoring** – this is the process of learning about a person's difficulties and monitoring the severity of the problem while implementing strategies to reduce the problem
4. **Behavioral activation** – Often when people are anxious or depressed they stop doing things they once loved that brought them joy. Behavioral activation is the process of implementing those things that once gave them joy even if they do not currently feel like it in the hopes that sustaining these activities over time will result in them feeling joy and less anxiety or depression
5. **Pros and cons** – when a person experiences difficulty in decision making, writing a pros and cons list may help reduce feeling paralyzed and help a person identify a path that he or she feels confident with
6. **Cognitive restructuring** – this is the process of identifying a person's negative thought patterns and the impact they have on his or her health. Once a person has done this he/she should identify more helpful thought patterns in order to improve mood and make better choices with his/her behavior
7. **Managing goals** – goals help give an individual a feeling of purpose and direction in life. While a pandemic may leave someone feeling lost and confused, identifying

a new goal or trying to learn a new skill may be a helpful way to feel purpose in life (Tull, 2019)

Dialectical Behavioral Therapy (DBT) offers four main coping skills (Raypole, 2019). They are:

1. **Mindfulness** – the act of being fully present and accepting about what is happening in a person's present moment. This teaches you to focus on: the present, the feelings individuals have in the present, their emotions, thoughts, and sensation, and teaches them to separate emotions from thoughts. It teaches them to be more mindful by balancing their emotions with their rational thoughts and by practicing using radical acceptance. Mindfulness teaches taking action and overcoming difficult situations.
2. **Distress tolerance** – this skill teaches a person how to get through difficult situations without using destructive techniques (for example, sex, substances use, and reckless behavior). Distress tolerance ensures that people can distract themselves until they are calm and can effectively address a situation. It teaches them to self-soothe and find ways to improve the difficult moments. Finally, it teaches us to use the pros and cons to address difficult situations.
3. **Interpersonal effectiveness** – when individuals are in difficult situations such as a crisis they may have extreme emotional responses and even experience crisis. Interpersonal effectiveness skills teach a person to feel clarity. It combines listening skills, social skills, and assertiveness skills to teach people to change situations while being true to their values. If individuals are using strong interpersonal effectiveness, they ask for what they need and take steps to get there, they learn to work through conflict, and they build self-respect.
4. **Emotional regulation** – these skills are very important for mental health professionals to teach their patients during a pandemic. It teaches that individuals should address their primary emotions to prevent additional reactions, called secondary reactions. Secondary reactions are often distressing and can lead people to feel shame and worthlessness because they act in a way that is not consistent with their core values. Emotional regulation skills teach individuals to identify and name their emotions, recognize the barriers to improving their emotions, reduce vulnerability for continued difficult emotions, increase the emotions that have positive outcomes, support mindfulness, reduce judgment, and solve problems in adaptive ways (Raypole, 2019).

DBT skills are especially helpful for individuals with severe mental illnesses when they experience a pandemic. These may include major depression, eating disorders, and personality disorders.

Acceptance and commitment therapy teaches six core processes for coping with difficult situations:

1. **Acceptance** – this is the opposite of avoiding (Ackerman, 2020). It is an active choice a person makes to accept difficult situations without forcing change or denying the reality of the situation
2. **Cognitive defusion** – these techniques change how individuals react to their thoughts and feelings by not limiting their exposure to difficult situations. It teaches to be present in the face of adversity and to, therefore, have less fixation on difficult situations as a result of consistent exposure to difficulties
3. **Being present** – similar to mindfulness, this is the practice of being fully aware. A person should be present without predicting or changing the experience
4. **Self as context** – this skill teaches that an individual is not just the sum of all of his/her experiences but rather that he or she is a whole person outside of current experiences and not just a result of the situation. The quote “we are not only what happens to us. We are the ones experiencing what happens to us” is a good example of this (Ackerman, 2020)
5. **Values** – ACT supports individuals to always operate in a way consistent with their values. If they are not aware of their core values, an activity to identify them will be helpful
6. **Committed action** – ACT teaches patients to always take action that promotes their long-term goals and live a life consistent with their core values (Ackerman, 2020)

Behavioral activation, another behavioral therapy, teaches the following coping skills that are especially helpful for those who are experiencing depression during a pandemic:

1. **Activity scheduling** – by scheduling activities into a person’s routine (most likely virtual or at-home activities during a pandemic) people will be more likely to follow through on their responsibilities and engage in activities that bring them joy (Selva, 2020). Examples of this include scheduling time to meet with a therapist and scheduling time to meditate, exercise, or practice deep breathing. It is

important to pre-schedule time to meet with a therapist because individuals might be less likely to follow through and reach out to a therapist if they need to but are unprompted to do so. This applies to any other kind of activity that is difficult to initiate when a person feels depressed (Selva, 2020).

In order to find what activities will be best utilized for activity scheduling the following questions can be asked from the therapist to the patient:

“When you felt your best, what activities were helping to elevate your mood?” (Psychology Tools, 2020)

“What activities were you doing when you were at your lowest mood?”

“What have you noticed about your mood and your activity levels?”

“Are there certain days that you feel better or worse than others? If so, what do you generally do on those days?”

“What activities do you participate in outside of the house that we can modify for you to still engage in at home during a pandemic so that you can continue to feel joy?”

While it will not be as easy to implement certain routines during a pandemic, a mental health professional’s job should be to help the patient identify modified activities and problem solve so that they can engage in activities that will ideally reduce symptoms of depression if they engage in them consistently over time. The following strategies are recommended when utilizing behavioral activation:

- **Starting small** – if an individual is experiencing depression they should not expect to tackle activities that are overwhelming or that do not seem achievable. Starting small can be helpful so that a person feels accomplished when he or she does engage in the activity
- **Identify small steps to accomplish the activity** – if a person has a goal to accomplish, scheduling small and manageable steps to meet that goal can be helpful. Often one goal may have many micro-goals that can be accomplished along the way
- **Rewards** – using a reward system can be helpful in motivating a person to accomplish something that needs to be done. This is especially helpful if one is

struggling with internal motivation. External motivation might be exactly what he or she needs

- **Reminders about the benefits of the activities** – when individuals are struggling to prompt the activity engagement they are hoping for, they can refer to the reason why they have chosen these activities in order to get motivated. Putting a post-it up as a visual reminder can be helpful. Setting an alarm as an auditory reminder to think about the activity and its benefits can also be helpful. The reminders will be person-centered to the situation and they should help the person engage in the activity (Psychology Tools, 2020)

Telehealth

Because many mental health services provided during a pandemic will be rendered via telehealth, it is important that mental health professionals are implementing strong telehealth services. The American Psychiatric Association (2020) identifies the following best practices to follow generally when using telehealth:

- Looking into the camera and not the patient's eyes will ensure that they feel as though the provider is looking at them and not away from them. This mimics eye contact as much as possible
- Use peripheral vision to avoid averting gaze when on camera
- The mental health professional should adjust his or her position and image on the screen before the patient joins the video call
- Ensure plenty of time for patients to answer questions
- Ensure a strong internet connection and a backup plan in the event the technology fails

Case Studies

Timothy

Timothy is a 53-year-old man who has never struggled with mental illness before. He has felt occasional bouts of sadness previously but they have been quick to pass and he has a strong relationship with his wife whom he leans on for support. Timothy is a physical

therapist who lost his job when the Covid-19 virus was labeled a pandemic. While many of his peers were able to stay on and work by telehealth, Timothy has the least amount of seniority and was laid off as a result.

For the past few months, he has been struggling to find other employment and establish a routine at home. His wife is a nurse and an essential worker in a hospital. She is working more hours than she was prior to quarantine and Timothy feels isolated and lonely. This is especially true because his wife is residing in a different area of the house than Timothy to limit their contact as she works in the Emergency Department.

Lately, Timothy has been sleeping approximately 12-16 hours per day, eating very little, and having thoughts of suicide. He has never experienced this before and it is a very painful time in his life. Timothy's wife asks him if he would be willing to work with a therapist. He agrees.

Timothy meets his new therapist by telehealth. After administering multiple depression scales and assessments, the therapist identifies that Timothy has intrusive suicidal thoughts and sometimes planning. Together they decide that an intensive outpatient program is the best treatment plan.

Timothy attends a six-month intensive outpatient program based on a Cognitive Behavioral Therapy modality. He learns coping strategies, develops a safety plan, and begins taking medication to help with his acute depressive symptoms.

After six months of the program Timothy's symptoms have greatly improved, he no longer plans for suicide or thinks about suicide on a regular basis, and he feels confident he can discharge from the intensive outpatient program into once weekly mental health counseling. After approximately one year of losing his job, Timothy's mental health is stable and he finds employment again. He is grateful for the skills he learned and his marriage is strong and supportive.

Timothy's case is a good example of how a pandemic virus can cause even those who have never struggled with mental illness to struggle.

Charles

Charles is an 87-year-old man who contracted Covid-19 and is seriously ill. He was moved from his home in the community with his wife of 59 years to a hospice facility supporting individuals who are Covid-19 positive. Upon admission, he begins working

with the hospice social worker. The relationship he has established with the social worker has been very helpful and supportive to him.

It has recently been determined that Charles will not likely survive and he does not have much time left. He is on a variety of medical devices to support his breathing and he is struggling to stay awake most days. Unfortunately, his family is unable to visit him because of the virus. His children have helped coordinate with the medical team video chatting between him and his wife. Mostly they do not talk but rather glare at the screen at one another.

The social worker at the facility begins discussing with Charles his goals and hopes for the end of his life. She asked him “What would you like for me to communicate to your family about your preferences right now?” and he responded by saying “Please make sure they know I love them and that I want them to carry out the wishes identified in my living will.”

The social worker worked with Charles’ family over the next few days to ensure that everyone was able to see him via video chat. She also referred his wife to mental health and grieving supports for outpatient care to ensure she had the best support possible. Charles’ wife asked the social worker to show him photos electronically of their early life together. He loved seeing this. Charles passed away just a few days later. After his death, his family communicated to the hospice social worker how grateful they were for the kind, person-centered support they all received during this difficult time.

Charles’ wife continued to access outpatient services after his death to process the guilt and grief that she felt as a result of him dying alone.

Charles’ case is a good example of the impact that a pandemic and virus can have on aging people who are at great risk for serious illness and death.

Zachary

Zachary is a 7-year-old boy with Autism. He is living through a quarantine and because he has type 1 diabetes, he has to quarantine at home as related to being at high risk for severe illness. Zachary misses school and his peers but he struggles to communicate this information. His family understands how difficult changes in his schedule can be on his mental health but they are struggling with how to best support him.

Zachary has begun having behavioral difficulties. He is having verbal and physical outbursts that make his other siblings nervous. He has been refusing to eat and drink.

His mother began seeing an outpatient mental health therapist for her own self-care. The therapist suggested to his mother that she communicate with his school teacher and identify the schedule that he has at school and replicate it at home. She stated that implementing a schedule that Zachary remembers and by using adaptive tools he had at school at home, he may feel safe and more comfortable.

Zachary's mother coordinated with the school to do just that. Within a few weeks, his behaviors were far less extreme and he returned to eating and drinking water. Zachary's mother and siblings began having much less anxiety as a result of him responding better in his quarantine environment.

Zachary's case study is an example of how a pandemic impacts those with special needs often disproportionately compared to others.

Sharon

Sharon is a 23-year-old woman with a history of trauma, depression, and anxiety. She was employed as a waitress before the Covid-19 pandemic hit and lost her employment. She was also a student but is struggling with the transition to online classes. She's always identified as a bit hyperactive and struggles to sit down in front of a computer.

Sharon recently started staying up later and later. She has become paranoid about the virus and believes that she and everyone she loves will get the virus. She has started displaying dangerous social media behavior. She was recently up all night tweeting and posting to her Facebook about how the virus will kill her and everyone she knows. She suggested that everyone identify a bunker to live in until several years from now.

Her mother calls her to inquire about how she's doing and finds out that Sharon hasn't slept for almost three days, has not been taking her depression and anxiety medication, and has been drinking more alcohol than normal. Sharon's mother is nervous about her health and suggests that maybe she and Sharon could see the mental health therapist together. Sharon agrees.

Upon visiting the doctor, Sharon learns that she is having her first manic episode. The doctor believes that hospitalization is the most beneficial step to stabilize her health. Sharon is admitted to an inpatient mental health facility for one week and is able to see a psychiatrist for support in stabilizing her medication regimen, learn about her new diagnosis of bipolar disorder, and begin learning coping skills.

Sharon spent almost one week in the hospital and then was discharged back home but plans to attend an intensive outpatient program and has chosen to move back in with her mother for her own health and safety purposes.

Sharon is stable and feeling so much better after a few months of consistent support. She begins consistently sitting in on her online classes, consistently takes her medication, and starts feeling so much better.

Sharon's case is a good example of how those with severe mental illness can experience a crisis in the midst of a pandemic.

Tabitha

Tabitha is a Marriage and Family Therapist who has begun working with more couples during a pandemic. Many of the couples are struggling with the transition to working from home together despite little time to plan as well as supporting their children to attend school by video conference at home.

After a few months, Tabitha is finding little patience for her own marriage and parenting. She begins to feel exhausted, struggles to be present for her client sessions, and is not feeling joy from her work. Tabitha is unsure how to move forward as she has never felt this way in her work before.

Tabitha decides to return to see her own therapist. Together they identify a need for more coping skills, opportunities to spend time alone, and a plan to pull back from the number of client sessions she is having at work.

Tabitha does this for several months and begins to feel much more joy in her life again. She feels more present and is engaging consistently in self-care practices of taking one hour to herself every night, exercising in her garage, and visiting with her friends by FaceTime.

Eventually, Tabitha feels ready to return to a full caseload of clients and has planned a biweekly three day weekend for herself to avoid burnout/compassion fatigue.

Tabitha's case is a good example of how a pandemic can impact mental health professionals and the need for them to identify a healthy self-care plan during stressful times in mental health.

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