Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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WPPNT Reminders

- Call 877-820-7831 before 11:00 a.m.
- Enter passcode 107633#, when prompted.
- Questions may be asked, if time allows.
- To ask a question, press *6 on your phone to un-mute yourself. **Please *6 to re-mute your line**.
- Ask questions for the presenter, about their presentation.

- The link to the evaluation for today's presentation is on the WPPNT webpage, under todays date: https://www.dhs.wisconsin.gov/wppnt/2020.htm. Complete the evaluation by July 23 to receive the CEH.

The Pandemic and People With Mental Illness: What to Expect

David Mays, MD, PhD

Uncertainty = Stress

- Viruses lie below the threshold of our senses. We can't tell what's safe and what is not.
- This virus has only been around since last autumn. We don't know how many people are asymptomatic, how long immunity exists, if it does, how to identify those who will recover quickly versus those who will die, how many organ systems the virus affects, what is the best treatment for whom, or how to safely resume ordinary life activities.

Why did this happen?

Ed Yong, *Atlantic Magazine*

- The pandemic happened because of:
  - Our relentless expansion into wild spaces
  - Soaring levels of air travel
  - Chronic underfunding of mental health
  - Health-care that is only available to the employed
  - Social networks that spread misinformation
  - Marginalization of the elderly
  - Racism that has impoverished the health of minorities and indigenous groups

The Aftershock: A Mental Health Wave

William Wan, *Atlantic Magazine,* May 4, 2020

- Federal agencies and experts warn that a historic wave of mental health problems is approaching – a shadow pandemic of psychological and social injuries, trailing the disease by weeks, months or years, consisting of depression, substance abuse, PTSD and suicide. (Suicide increased in the USA during the Spanish flu pandemic of 1918 and in Hong Kong during the 2003 SARS outbreak.)
- This is a consequence of the toll of isolation, the interruption of mental health services, the increased demand for mental health services (50% of Americans report the pandemic is harming their mental health, a study of 1257 doctors and nurses in China showed 50% with depression, 45% anxiety, 34% insomnia), and the likely economic devastation that will follow.
- The mental health system is already underfunded, fragmented, and difficult to access.

A Double Whammy for Suicide

- We usually talk about natural disasters or an economic depression. Now we will have both.
- In general, suicide doesn't go up because of an economic crisis, it goes up because of an increase in psychiatric illness and physical disease. In fact, our suicide rate has been going up for the last 5 years despite having a growing economy!
- Young people who are socially isolated from peers may be more at risk for substance use, depression, anxiety, and physical abuse at home, and suicide.

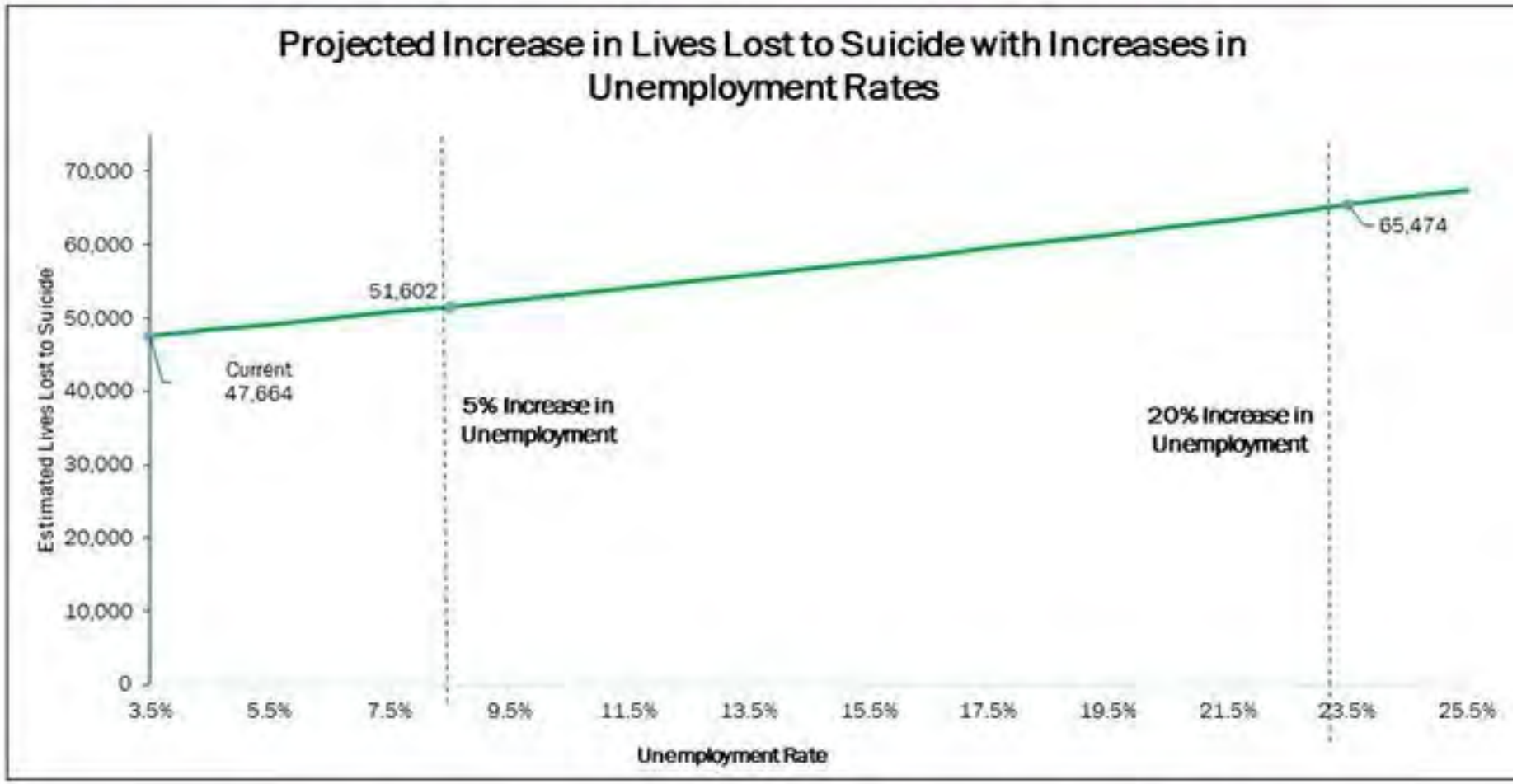
Suicides

- Gun sales have skyrocketed in the USA. In March, 2.5 million firearms were sold, including 1.5 million handguns, the highest recorded firearm sales ever recorded in America! Individuals who buy handguns have a 22x greater risk of firearm related suicide in the first year of ownership versus those who don't.
- Firearm related suicides have been on the rise anyway. From 2006-2018, firearm suicide rates increased 25%. In 2018 alone, there were 24,432 firearm related suicides in the US.

Projections from Meadows Mental Health Policy Institute, Austin TX

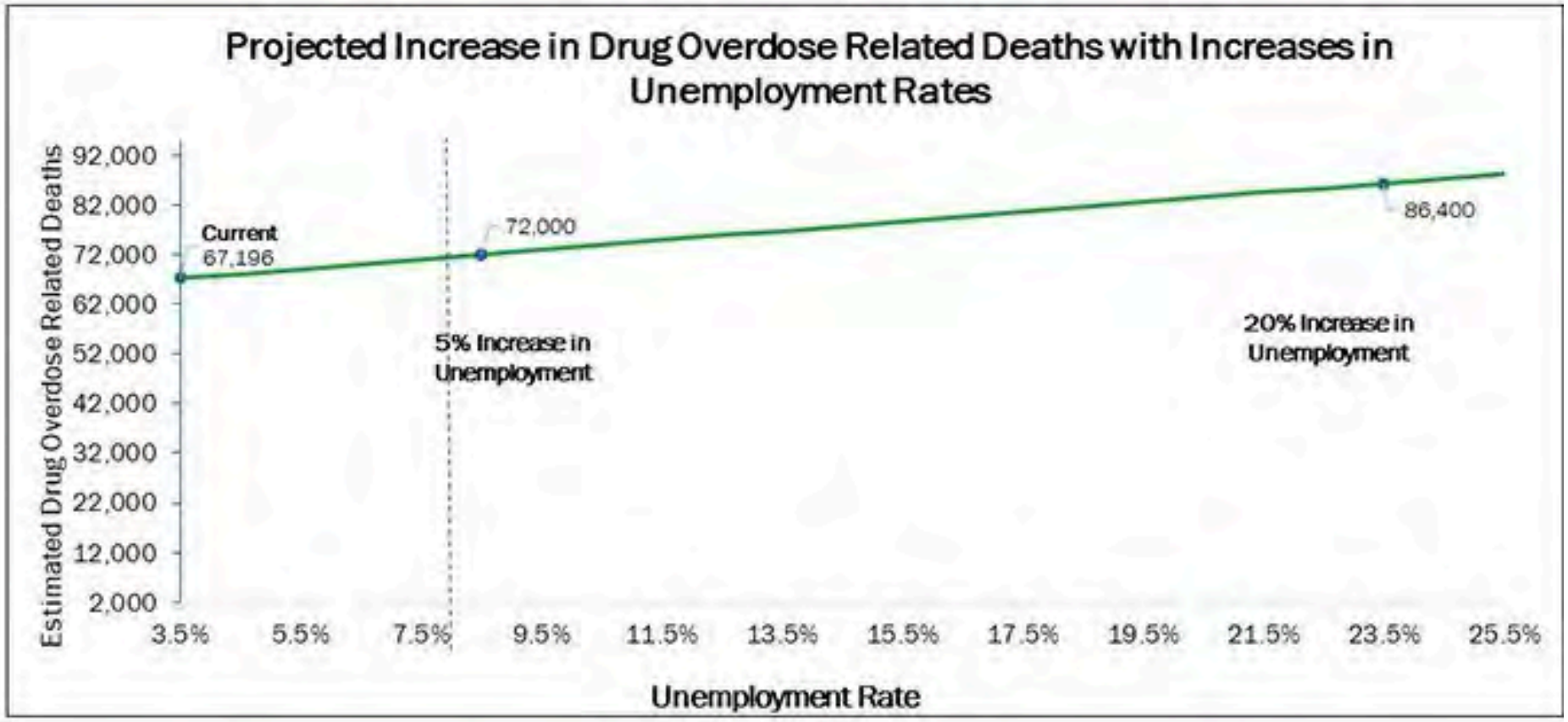
- Studying past economic downturns and their effects on suicide, OD deaths and increases in substance abuse diagnoses.
- Each 1% increase in the unemployment rate increases suicide by 1.6%
- Each 1% in unemployment increases OD's by .334
- The unemployed also have an increase rate of substance use – 10% of unemployed adults have a SUD.

Projected Range of Increases in Lives Lost to Suicide From COVID Recession



National projections based on analyses from: Meadows Mental Health Policy Institute. (2020, April 10). Projected COVID-19 MHSUD Impacts, Volume 1: Effects of COVID-Induced Economic Recession. https://www.texasstateofmind.org/uploads/whitepapers/COVID-MHSUDImpacts.pdf

Projected Range of Increases in Lives Lost to Drug Overdoses from COVID Recession



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Unemployment and Subsequent Mental Health Risk in Wisconsin

- Increases in unemployment:
  - 1%: increase 10 suicides, 20 OD's, 2000 SUD's
  - 5% (same as Great Recession 2007-9): increase in 70 suicides, 100 OD's, 11,000 SUD
  - 10%: 200 suicides, 200 OD, 11,000
  - 20% (Depression): 300 suicides, 400 OD's, 45,000 SUD's

- Long term average unemployment for Wisconsin is 5.4%, now at 12%.

Resilience Begins to Crack at ~3 Months

- Based on data from hurricanes or other natural disasters, people are initially quite focused and positive. After 3 months, many people begin to lose hope and social fault lines appear as people become more self-centered and impatient to return to their previous life.
- That's where we are about now. States are all beginning to "open up" despite the fact that the virus continues an uncontained spread.

Vulnerable Populations

- Disasters disproportionately affect the poor and vulnerable populations. People with severe mental illnesses have a whole range of special vulnerabilities to Covid-19, including high rates of smoking, cardiovascular disease, poverty, and homelessness.
- Individuals with cognitive deficits may have trouble understanding the risks of disease transmission or be unable to keep them in mind.
- Communication about the virus and social distancing needs to be concrete and repeated. The fundamental element of public health is information.
- This population also needs support in maintaining healthy habits – diet, physical activity, adherence to treatment plans - as clinics close and clinicians stop in-person contact.

Psychological Effects of Quarantine

Lancet 3/14/20

- This qualitative review looked 24 studies of the psychological impact of quarantines initiated during outbreaks of SARS, Ebola, H1N1 flu, MERS, and equine flu.
- 5 studies with control groups confirmed the impact on the community including frustration and boredom, anxiety, depression, anger, irritability, and PTSD. These reactions may last months after the quarantine has ended.
- Vulnerability factors may include quarantine duration, inadequate information, insufficient supplies, social and familial isolation, fear of infection, financial stress, and stigmatization. Healthcare workers may be particularly vulnerable.

Psychological Effects of Quarantine

- Pandemics aggravate the human tendencies toward catastrophizing and cognitive distortion.
- No mental illness gets better with isolation.

Substance Use

- People who are isolated may start using more drugs/drinking.
- Inpatient treatment programs are shutting down for financial reasons and because they can’t maintain social distancing.
- AA meetings may be hard to access. Online AA meeting rooms have become a lifeline for many people.

Can a Virus Increase the Risk of a Psychotic Illness?

- Over the years there have been data showing an association between exposure to general respiratory viruses such as the flu and subsequent psychotic episodes. The relationship was especially seen in the aftermath of the great influenza of 1918.
- Children born to women who get the flu during pregnancy have a 4x chance of developing bipolar disorder.
- Investigators conducted a 2011 study to determine if there was a relationship between psychosis to the flu or to any respiratory infection.
- Multivariate analyses suggested that two coronaviruses may confer a specific risk for neuropsychiatric disease.
- Why? Neurologic pathogens may proceed directly to the brain or it may be an indirect response to the body's immune response.

Worsening of Existing Mental Illness: Examples from the Emergency Room

Elizabeth Haase, MD *Psych Times* 4/17/2020

- “You’re pumping the virus through the vents in my room because you want to kill us. The staff are all wearing PPE and we patients will die so you can live.”
- Patient believes she is a physician and is giving misinformed medical advice to other patients.
- 4 homeless psychotic patients with SMI share a common area in a local shelter, all developed coughs. They will not keep their masks on.
- An older man with ADHD and COPD is so hyperkinetic he touches his face and office surfaces at least 20 times.
- 2 people with BPD are struggling with self-harm with severe disappointment of cancelled new jobs and licensing exams that represented their recovery.
- A pharmacist has destabilized his bipolar disorder by working for 65 hours straight filling orders.

Medications May Complicate Treatment

- Antipsychotics have been linked to respiratory dysfunction – improper respiratory muscle activity – making the patients more prone to pneumonia, respiratory disease, and dysphagia.

Response to Experiencing Stress

Center for Traumatic Stress

- Stress reactions include:
  - Insomnia, anxiety, decreased perception of safety, anger, scapegoating, increased somatization, increased health-risk behaviors (smoking, drinking, social isolation, family conflict, violence.)
  - Children may show misbehaviors, social isolation, diminished academic performance
  - Some people will develop depression, PTSD, and anxiety that may need treatment

Dealing with Stress

- In general, people are resilient. They can practice self-care, stay connected to people they care about. They can eat well, get sufficient sleep, take a walk, identify practical goals like obtaining food and safe housing. We have mastered troubles in the past. Spiritual beliefs can comfort and sustain hope.
- Most mental health patients will manage adequately and some will actually improve in the face of challenges and needs of others.
- Some people may need more - those that have higher duration and intensity of trauma, those with a previous trauma history.

Caregivers' Emotional Stages to the Pandemic
(Wuhan Data)

- Multiple stressors – fear for safety of self and family, frustration with lack of supplies, conflicting treatment guidelines, witnessing traumatic scenes, feeling guilty.
- Stages 3-4 were best points to intervene (see next slide).
- Caregivers need easy accessibility to help and confidentiality.
- Need to be able to refer for more specialized treatment.

Emotional Stages Experienced by Health Care Responders in Wuhan, China

The TopGun Peer Support Wuhan team observed the following emotional stages during their work with Wuhan HCPs.

Stage	Emotion
1	Bewilderment
2	Shock
3	Anger
4	Anxiety
5	Burnout
6	Desperation
7	Acceptance
8	Hope
9	Recovery

Psychological First Aid

- Listen (make sure people are heard and feel supported)
- Protect (screen for domestic abuse, increased drugs, alcohol, teach about the illness)
- Connect (facilitate social connectedness and communication with friends and family, resources). Model calm and optimistic behavior while promoting a sense of efficacy
- Teach (help people cope with overstimulating news, etc. Teach about handwashing, social distance, avoiding travel, correct use of masks, sleep hygiene, exercise, and nutrition.)

Crisis Counseling, Not Therapy

Lloyd Sederer, MD

- In the wake of the World Trade Center attacks, the public mental health system in New York City mounted the largest mental health disaster response in history.
- What was found was affected people needed crisis counseling, not psychotherapy.
- Crisis counseling utilizes people's usual adaptive, problem-solving capabilities. The central objectives are ensuring safety. Promoting a return to functioning with education about immediately available resources is the central objective.

Crisis Counseling

- Strength based: assume resilience and competence
- Avoidance of labeling and medical records
- Outreach oriented – services in homes/community centers
- Culturally attuned
- Aimed at supporting, not replacing existing community support systems
- Provide trustworthy and useful information

Guidelines for Helping Others (and Ourselves!)

- Caregivers should
  - Acknowledge the uncertainty of the disease
  - Share accurate medical knowledge
  - Identify steps the client can take to reduce stress and sustain normal healthy behaviors, especially sleep.
- We need to:
  - Stay informed
  - Correct misinformation
  - Limit media exposure

Guidelines for Helping Others (and Ourselves!)

- Studies show that excessive media exposure of stressful events increases negative mental health outcomes. We need to use trusted media sources for updates, then turn them off!
- Inform about stress reactions
  - Acknowledge and normalize
  - Teach how to recognize their distress, self-monitor, check in with family or friends

Simple Suggestions for All of Us

- Stay prepared
- Take everyday preventative measures
- Maintain restful sleep, eating regular meals, exercising
- Limit use of tobacco, alcohol, drugs
- Talk to loved ones about concerns
- Practice calming strategies
- Engage in enjoyable activities

How to be Helpful by Phone

- Listening professionally is harder by phone than in person
  - No banter, no mutual sharing of information, sense of responsibility
- How do you engage by phone?
  - Pleasant, calm, professional, interested.
  - Sometimes you have to say how you're feeling rather than just nodding, smiling, looking concerned.
- How much silence is too much?
  - When we listen in person, we have the benefit of verbal cues.
  - Check in, but not too frequently
- What can you accomplish?

3 Behaviors of Resilient People

Lucy Hone, PhD

- Accept that terrible things happen to everyone. You are not being discriminated against just because something horrible happens to you. We are not entitled to a perfect life.
- Humans focus on negative thoughts. Resist that instinct. We are constantly being bombarded by negative images and messages by media trying to get our attention. Be careful what you focus on.
- Ask yourself if an activity makes you feel better or makes you feel worse. Is this helping or harming me?

Care Resources

- Disaster Distress Helpline *(SAMHSA)*
  Call 1-800-985-5990 or text TalkWithUs to 66746
- National Suicide Prevention Lifeline *(Link)*
  Call 800-273-8255 or Chat with Lifeline
- Crisis Textline *(Link)*
  Text TALK to 741741
- Veterans Crisis Line *(VA)*
  Call 800-273-8255 or text 838255
- NAMI

Historical Perspectives

Plague: Greek *plaga* – to strike

- The Book of Exodus describes a series of 10 plagues. Some are environmental catastrophes, others are clearly infectious. These were described as divine punishments for sin.
- I430 BC: The Athenian Plague killed tens of thousands - more than 25% of the population of Athens, including their leader, Pericles. It may have been Ebola hemorrhagic fever.
- 165-180 AD: The Antonine Plague spread through the entire Roman Empire, killing 33% of the population in some areas, including the leader Marcus Aurelius. It was probably smallpox.

A History of Plagues

- 550 AD: The Justinian Plague spread through caravan trading routes from Asia Minor to Africa, Italy, and Western Europe. The population of the Byzantine Empire was reduced by 40%. It was one of the first known “bubonic plagues” (Yersinia pestis bacteria).
- 1334 AD: The Black Death was a bubonic plague that originated in China and arrived in Europe in 1347. It killed 150 million people and reduced the population of Europe by 60%. The interpretation of the plague was that God was punishing humans for sin. The “gravest sinners” against God were identified and killed, usually minorities, women, Jews, non-Catholic heretics. Treatment was aromatic vapors and magical adornments.

A History of Plagues

- 1918: The Spanish Flu originated in Kansas was the first true global pandemic. It was caused by the H1N1 strain of the influenza virus and within months had spread to every corner of the globe, assisted by WWI. Mortality was 10-20%. A quarter of the Earth's population contracted it and 100 million died. (More than the Black Death killed over a hundred years.)
- 1980+: The HIV Pandemic was initially spread predominantly among the gay population and contributed to an increase in stigma against homosexuality. It causes ~800,000 deaths a year. Death rates have dropped 56% since the discovery of effective treatments ~2004.

A History of Plagues

- 2003: Severe Acute Respiratory Syndrome (SARS) was a Corona virus that affected fewer than 10,000 people in China and Hong Kong, but had a high 10% mortality rate.
- 2009: Swine Flu began in Mexico and was declared over in 2010. It had a mortality rate less than the regular seasonal flu. WHO received great scorn and criticism for over-reacting and creating a panic when the outbreak was not as devastating as predicted.
- 2014-16: The Ebola Outbreak received attention in the USA when an airline passenger fell sick and died in Texas, infecting two nurses who cared for him.

A History of Plagues

- 2016: Zika is a mosquito borne virus that is also sexually transmitted. It has been linked to severe microcephaly in unborn children of infected mothers. It was the first epidemic that could be studied on social media. During 2016, Zika was mentioned 50 times per minute on Twitter. 4 of 5 posts on social media were accurate, but those with the highest trending were inaccurate - “fake news.”
- 2019: COVID-19 is a novel corona virus first reported Wuhan China and has subsequently spread worldwide. Transmission characteristics, lethality and a final death toll have yet to be determined..

Our Plague: The Present

- Not everyone has been impacted equally by the infection. How you fare depends primarily on age (over 55 is worse) and whether you have certain preexisting health conditions (diabetes, heart disease, lung disease…).
- Wealthier individuals have better health care and are more likely to be able to work from home. Today fewer than 30% of Americans are able to work from home. Prisons and jails and crowded urban neighborhoods are conducive to the spread of the disease. The mentally ill are at risk because of homelessness or shared housing.

Are the Mentally Ill Targeted During Plagues?

S Cohn *History Journal* 11/1/12 85(230); 535-555.

- There doesn't seem to be any evidence that the mentally ill are stigmatized much more during an epidemic than during times of health. Rather, stigma and hate-directed activity tend to reflect the pre-epidemic social and political conditions.
- The Mexican swine flu did not spark violence toward Mexicans.
- To be sure, the Black Death of 1347–51 unleashed mass violence: the murder of Catalans in Sicily, and clerics and beggars in Narbonne and other regions; and especially the pogroms against Jews. But subsequent strikes of Black Death in late medieval and Renaissance Europe did not set off waves of hatred against Jews or any other minorities.

Who is to blame?

- The Spanish flu killed more people than any single pandemic in world history. It provoked no major riots or religious and sectarian hatred. In fact, with public services in Philadelphia near collapse and unburied bodies of flu victims left in heaps, “elite volunteers entered the city’s ghettoes and opened kitchens to feed the poor; cab drivers mobilized 2,000 cars to serve as hospital ambulances; organizations cut across accustomed denominational boundaries, with Catholic nuns working in Jewish hospitals; and ‘people of all kinds poured into Emergency Aid Headquarters to volunteer as nurses, thrusting themselves into the presence of lethal disease.”

Who is to blame?

- “Not a single case thus far found (other than the suspicion that the Plague of Athens began from the Peloponnesians’ poison) points to a population or government blaming or attacking any group in society for instigating or willfully spreading an epidemic by poisoning or other means.”
- “No matter how contentious the underlying social and political circumstances, how high the body counts, how gruesome the signs and symptoms, how fast or slow the spread or course of a disease, pandemics did not inevitably give rise to violence and hatred. In striking cases they in fact did the opposite. These epidemic crises unified communities, healing wounds cut deep by previous social, political, religious, racial and ethnic tensions and anxieties.”

“We’re all in this together.”

F Snowden, *Epidemics and Society: From the Black Death to the Present*

- Epidemics show the moral relationships we have toward each other as people. We are part of a species rather than members of a certain race or society or economic group.
- The mortality of any epidemic moves along the fault lines created by poverty and inequality. How we respond depends upon our values and commitments. This can bring out our heroic qualities.
- Many plagues have resulted in a changed, more equitable social order.

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