

Mental Health Issues During the COVID-19 Pandemic

Marc Agronin, MD

Senior Vice President for Behavioral Health
Chief Medical Officer, MIND Institute
Miami Jewish Health

“Nursing home residents aren’t getting half of our resources or half of our attention, yet they account for roughly half the deaths.”

- David Grabowski
Harvard Medical School

Godfrey E: The Atlantic, 2020, April 29

Neuropsychiatric Symptoms

In one study of COVID-19 patients in Wuhan, China, nearly 50% had neurological symptoms including headaches, paresthesias, stroke and encephalopathy

Data from N = 125 case reports (median age = 71) of neurological and neuropsychiatric complications in a UK surveillance study (from April, 2020)

Cerebrovascular event (62%)

Ischemic stroke (74%)
Intracerebral hemorrhage (12%)
CNS vasculitis (1%)

18% were < 60 years old

Acute mental status changes (31%)

Encephalopathy (23%)
Encephalitis (18%)
Psychiatric diagnosis (59%)
Psychosis 43% / NC change 26% / Mood d/o 17%

50% were < 60 years old

Mao L et al: medRxiv (2020), 10.1101/2020.02.22.20026500; Varatharaj A et al: Lancet 2020, Jun 25;S2215-0366(20)30287-X.

The Consequences of Social Isolation

Spending time alone, without family contact and familiar faces, seeing and wearing masks, and listening to the news or hearing about losses leads to:

- Social isolation
- Boredom
- Sadness and grief
- Fear and Anxiety
- Confusion
- Relapse of mental health conditions
- Failure to thrive
- Sadly, for many residents this social isolation is not a new experience

Rogers JP et al: The Lancet Psychiatry 2020, 7(7): 611-627; Agronin ME: The Wall Street Journal, April 20

The Stress of Being a Frontline LTC Caregiver

Data from studying frontline caregivers in other pandemics have seen:

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

A North American support team of psychiatrists and other MH professionals provided telephone and video contacts with Chinese health care workers and found several stages of emotional change: **bewilderment, shock, anger, anxiety burnout, and desperation**. The best time to intervene was during stages of anger and anxiety, with time-limited, professional therapeutic tools



M Moran, Psychiatric News, April 17, 2020; Miami Jewish Health – Facebook Post Photo, 2020

Mental Health Recommendations

- Mental health issues must be treated as both acute and long-lasting sequelae of COVID-19 infection
- Look for key indicators of infection: changes in energy, alertness, concentration, orientation, sleep and appetite
- COVID testing is appropriate for any suspected situation with neurological changes, regardless of whether there are respiratory symptoms or classic symptoms of fever and cough
- Patients need aggressive identification and treatment of neurocognitive changes, delirium, psychosis, mood and anxiety disorders
- Older individuals, especially those with frailty and dementia, need to be physically mobilized as soon as possible to reduce deconditioning, build confidence and promote engagement with others

Strategies to Engage LTC Residents

- Staff have to become like family
- Photos / name tags on PPE
- Telehealth visits
- Family video chats facilitated by social work / therapeutic programming staff
- Music therapy at-the-door
- Fun snacks and meals delivered to the room
- Drive-thru family visits using masks and social distancing
- Activities via video / closed circuit TV

Emotional PPE

Provide ALL staff with the proper emotional personal protective resources:

- Emotional pulse taking: “How am I feeling right now?”
- Pre- and post-stress surveillance and reduction techniques (e.g. deep breathing relaxation)
- Support groups and individual counseling on anxiety, depression, grief and acute- and post-traumatic stress reactions
- Encourage, support and inspire daily and repeatedly