



# Post COVID-19 Planning

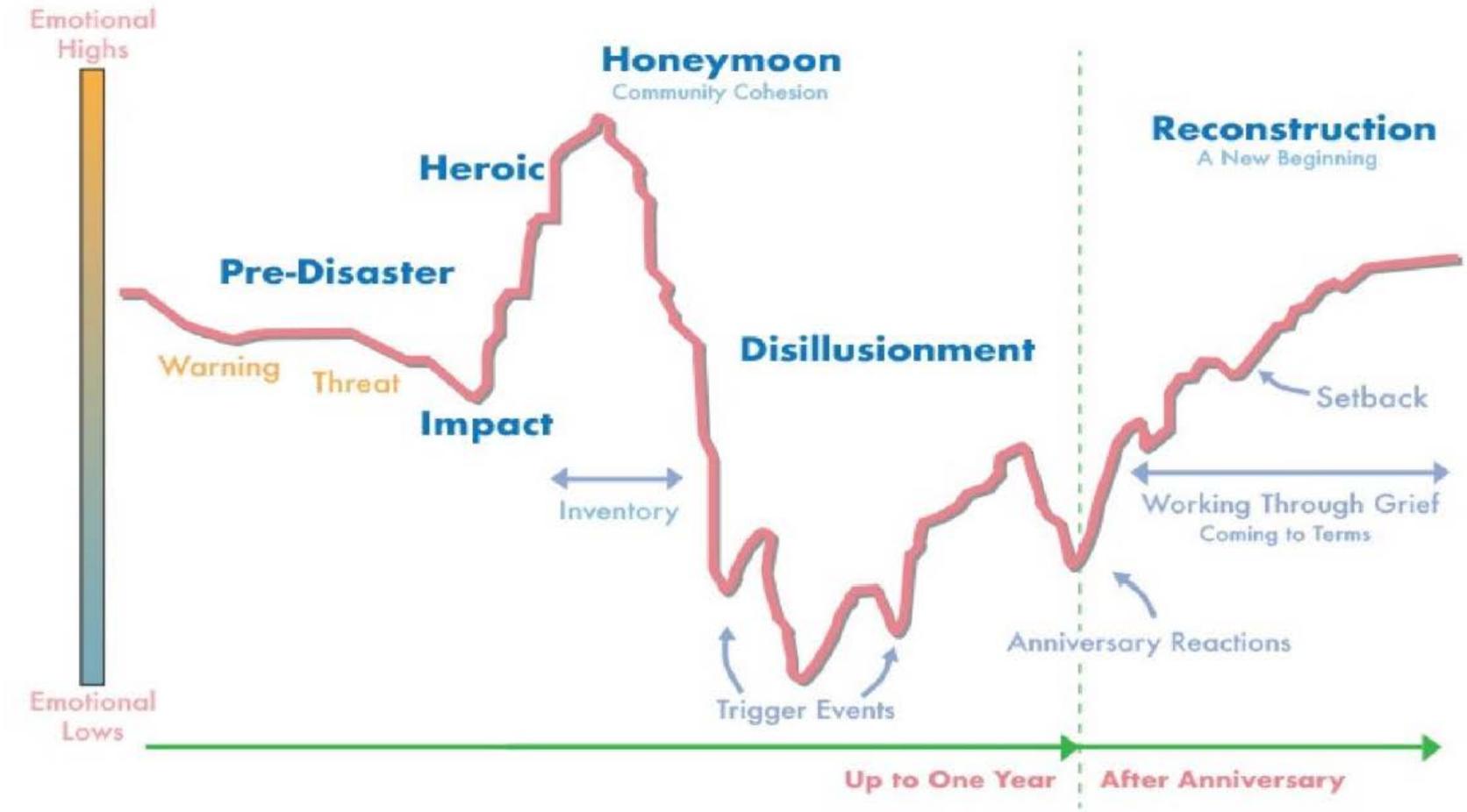
Prepared for North Sound BH-ASO

Dr. Glenn Lippman • May 2020

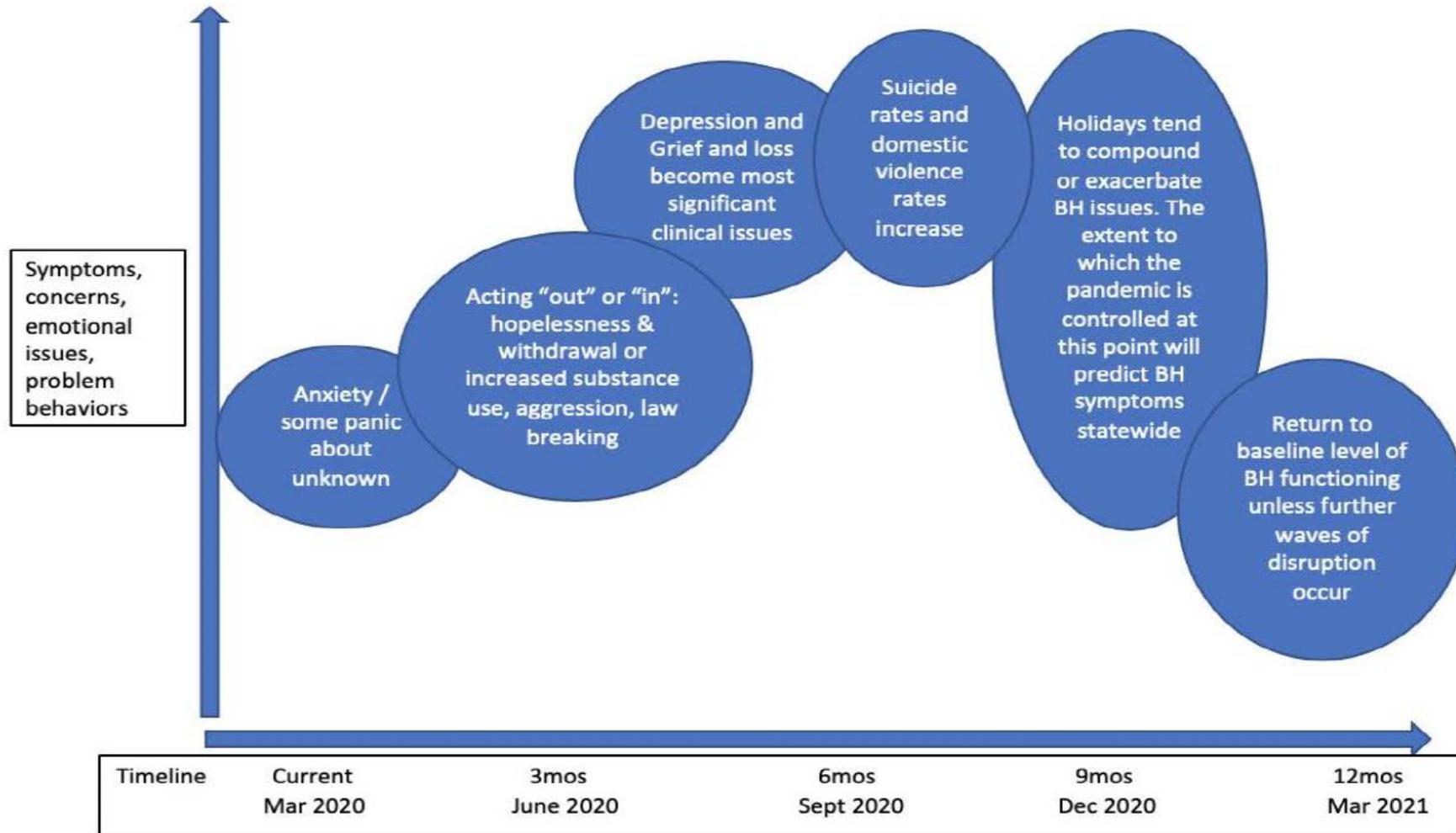
# Purpose

- Look at current models regarding Post-Pandemic Behavioral Health (BH) issues and needs
- Information from other resources
- Person specific concepts

# Reactions & Behavioral Health Symptoms in Disasters: SAMHSA



# Forecasted Behavioral Health symptoms from COVID-19 Over Time



# Other Influences

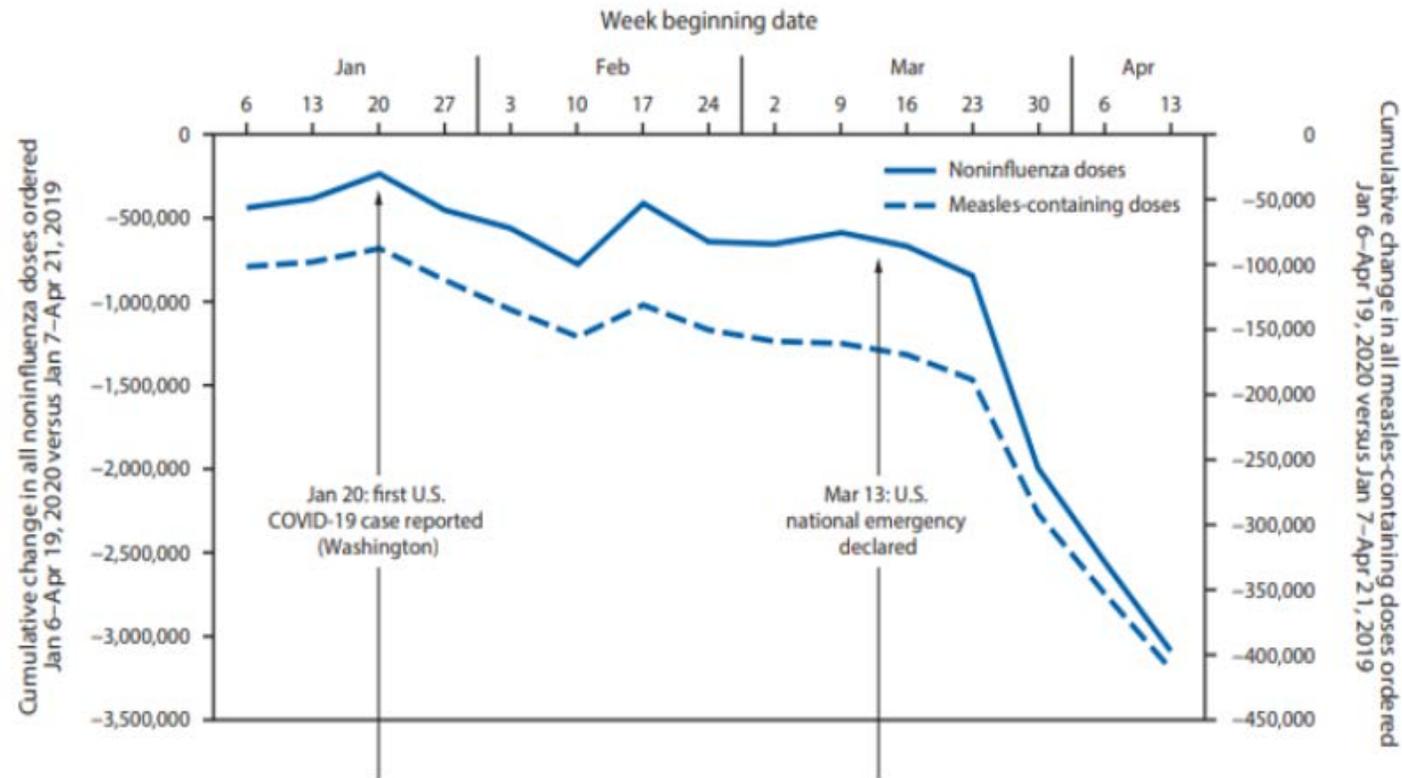
- Stress levels of SARS survivors remained persistently elevated and higher than those of community control subjects 1 year after the SARS outbreak. (multiple SARS studies)
- Although many individuals experiencing psychological distress or psychiatric disorder they may not seek formal help for their symptoms. BJP (2018)
- Large scale disasters “are almost always accompanied by increases in depression, posttraumatic stress disorder (PTSD), substance use disorder, a broad range of other mental and behavioral disorders, domestic violence, and child abuse.” JAMA Internal (2020)
- Preliminary prevalence and mortality estimates in multiple geographic areas, show a consistent pattern of racial/ethnic differences. JAMA Internal (May 2020)

# Other Influences

(Continued)

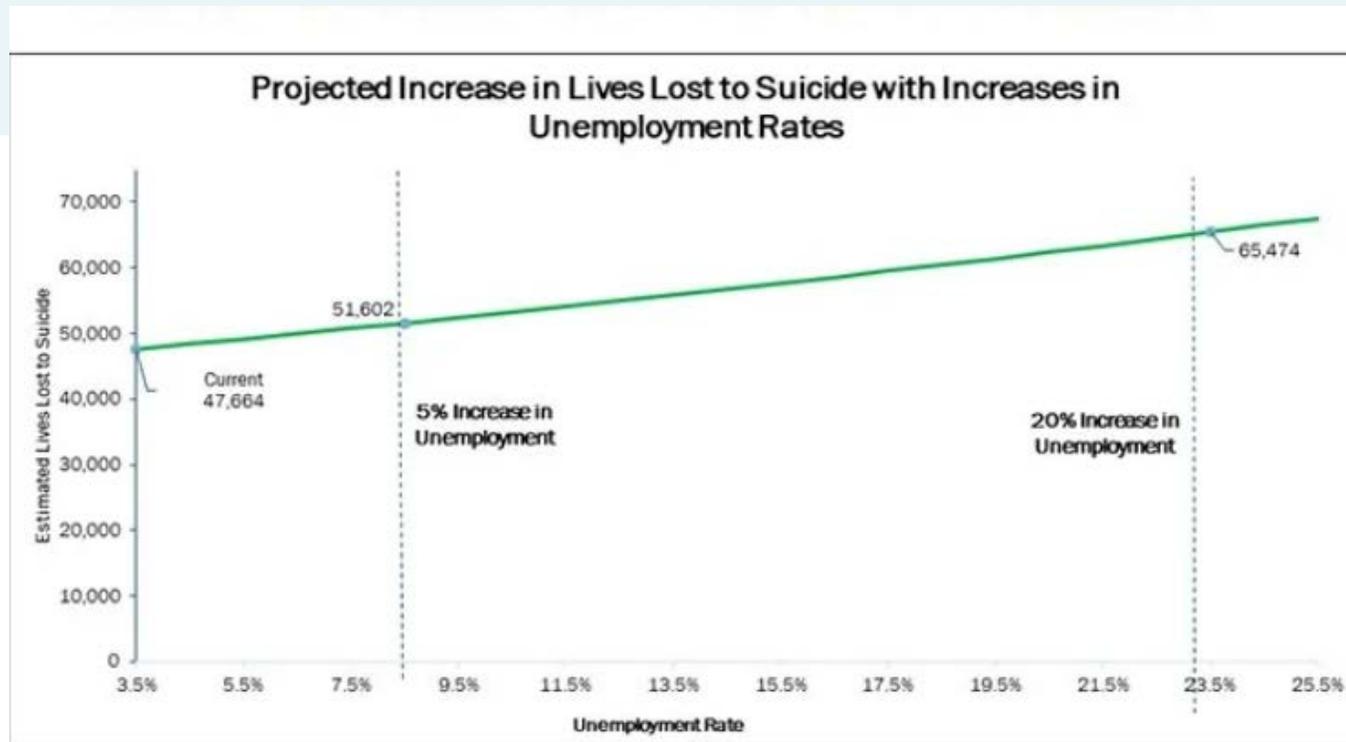
- Issues with STIGMA - Participants in several studies reported that others were treating them differently: avoiding them, withdrawing social invitations, treating them with fear and suspicion, and making critical comments. Lancet (2020)
- Routine medical care is deferred:
  - There has been on average a 60% decrease from pre-pandemic levels in eight hospitals in the three regions that were assessed.
  - Urgent cancer referrals have dropped by an average of 76% compared to pre-pandemic levels in the three regions.
  - MMR down 40% and DipT down 22% from Feb to April.
  - Routine Cancer screenings are down over 50%

**FIGURE. Weekly changes in Vaccines for Children Program (VFC) provider orders\* and Vaccine Safety Datalink (VSD) doses administered† for routine pediatric vaccines — United States, January 6–April 19, 2020**



# Impact of Behavioral Health from the Economic Changes

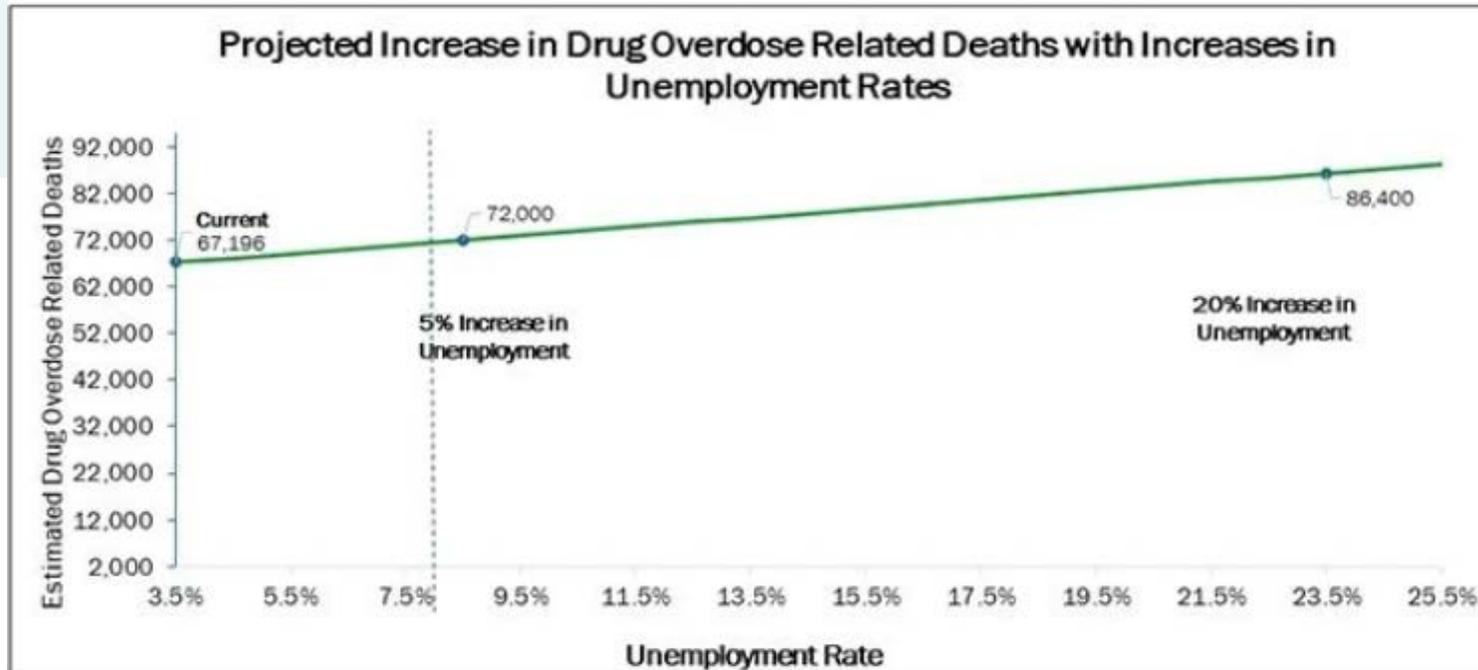
- Conclusions based on certain study populations and events (SARS, Katrina, 9/11) might not be generalizable to the wider public or present time. However, there are similarities to the impact from the 2007-2009 economic recession that provide additional “clues”.
- From the Meadows Mental Health Policy Institute in Texas which is nationally known for being a leader in policy toward improving the care of people with mental illness



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>

About just under 1000 people being lost for every 1% increase in unemployment; 780 is the number that was projected.

Medscape, Stephen M. Strakowski, MD; Nassir Ghaemi, MD, MPH; Andy Keller, PhD May 08, 2020



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-MHSUDIImpacts.pdf>

Projecting about 100,000 additional cases of substance use disorders related to the recession, and the data shows the projected deaths due to drug overdoses- approximately 400 lost per 1%

# Considerations

- Those individuals we know
- Those individuals we don't know yet
- Specific groups
  - Health Care Workers (HCW) and First Responders
  - Elderly
  - Medically compromised
  - Post COVID-19 Neuropsychiatric sequelae

# Those we Know Yet

## People with pre-pandemic Mental Health Issues

- Possible missed appointments, scripts, doses
- Higher risks of Anxiety and PTSD like symptoms
- Higher risks of SUD issues
- Greater levels of isolation
- Issues around lost supports
- Children with parents returning to work while no school or aftercare, continued disruption in schedules and routine, fear, and erosion of prior gains in treatment or school settings.

# Those we Don't Know

## People with pre and/or post Mental Health Issues

- Unemployed
- Under-employed
- Family violence victims
- New onset BH issues
  - SUD
  - Mental Health
    - Depression, anxiety, and PTSD related issues
  - Grief and Loss issues
- Missed or delayed medical care
- Development of *distress reactions* with associated exhibit health-risk behaviors, such as substance use, family conflict and insomnia.

# Opportunities to Consider

- Increase accessibility to follow up appointments
  - Increased roles for pharmacists, nurses, groups, peer supports
- Proactive outreach (telephonic, text)
- Continued expansion of tele-med and continued flexibility of its use
- Increased availability of family, youth services along with family education around how children manifest reactions to such situations.
- Implementation of Stepped care or for others an EAP model of services that are problem focused, time limited and based on measured outcomes
- Collaboration with FQHC's and PCP's
  - Standardized screenings
  - Use of MH appointments to assess for missed medical care
- 2-1-1 service information to BH Crisis system
- Collaboration with community safety net systems (Salvation Army, Boys/Girls Clubs, Red Cross, Food Banks, Financial Systems)
- Extending outreach for additional delivery of Psychological First Aid or outreach\*
- Culturally adapted mental health services that address the inequitable distribution of services
- Family education around Maximize awareness of existing telephone supports and life lifelines (such as national [Disaster Distress Helpline](#)).

# Specific Sectors

- Healthcare workers/First Responders
- Elderly
- COVID recovering persons
- Address PTSD related issues (ongoing), stigma, anger and family issues. Surveillance
- Proactive Outreach. Gatekeeper model ([Care Manag J. 2013;14\(1\):11-20](#))
- Monitoring for long term neuro-psychiatric sequelae of COVID

# What We Don't Know

- Recurrences of COVID-19
- Impact of vaccines – hopes and disappointments
- Long term impact due to Social/healthcare inequities
- Worsening impact of limited Economic recovery or slow down
- Lack of Housing stability
- Long terms impact on healthcare delivery system (especially in rural settings)
- Long term impact of misinformation
- And.... How accurate are any projections?

# Final thoughts...

“We do have, I think, some time to ramp up and be ready. I would recommend, too, that we really look at primary care strategies, because if we don't expand detection and treatment more to primary care with partnerships with psychiatry—using things like collaborative care—we're just not going to have the bandwidth to be available”.

Andrew Keller, PhD

We need to think about how we can grow and be stronger from this event. We need to be thinking about post-traumatic growth.

Andrew Penn, RN, MS, NP, CNS, APRN-BC