

TRANSCRIPT: Mental Health During the COVID-19 Pandemic, September 18 Briefing

Guest speakers:

- Dr. Megan Gary, assistant medical director and practicing psychiatrist, Kaiser Permanente Everett Medical Center
- Rena Fitzgerald, crisis services senior program manager, Volunteers of America Western Washington
- Dr. Kira Mauseth, practicing clinical psychologist, co-lead of Washington State Department of Health Behavioral Health Strike Team

Megan Gary: I really appreciate the opportunity to kind of share with you some reflections that I'm having as a psychiatrist in Snohomish and what I observe some of my colleagues to be having, as well. From a recent Department of Health report for Washington, we at Kaiser Permanente were pretty accurately able to predict a real upsurge in mental health needs as a consequence of the ongoing pandemic. As providers in Snohomish County, we are indeed experiencing this today. We are experiencing an acuity in terms of patients in crisis at a rate we have not seen at my clinic in Snohomish County for some time. This includes an uptick in suicidal thoughts, substance use, alcohol use, anxiety disorders. There's been exacerbation of PTSD and former trauma, certainly bereavement, and even an uptick in eating disorder symptomatology. And when we work with these patients, the first thing we do is to validate what they're experiencing and to validate that what they're experiencing is indeed quite common during this unusual time. And what we're seeing is because of COVID, because of the pandemic, there has been a loss of the usual ways of coping, leaving many people feeling quite bereft. You know, patients have lost those small elements in their lives that made life meaningful and less alone, frankly. And this is most difficult for our elderly patients. We're seeing this is very difficult for our children and adolescents, who are at this time isolated from their usual family and friends because of COVID-19. And a small example I could share is I had an elderly patient who I saw was in her 70s and I saw her by video because she was worried about exposure, worried about coming in. And she relayed to me that she has not hugged or touched anyone physically for the past six, seven months. And her loneliness was palpable.

Patients are finding themselves having to adapt with alternative coping strategies because they've lost their usual ones, and some of these are helpful and some of them are harmful. And the harmful ones we're seeing are an increase in alcohol use, an increase in marijuana use or other substance disorders, overeating with subsequent weight gain and health issues. We've even seen an uptick in some self-injury, seen an uptick in a dark side of domestic violence and other issues related to anger and aggression. And we know as providers that the point in medical intervention is when these newer ways of coping are maladaptive or perhaps harmful and when symptomatology develops that necessitates mental health care. When we work with these patients, you know, we emphasize the importance of routine. And for those who are isolated at home, a consistent routine is essential. This includes sleeping patterns, eating patterns, exercising in a way that feels good for their bodies, and connecting with others in any way safely on a routine basis. And I would say above all keeping expectations realistic.

Regarding available resources, there are many. Here at Kaiser Permanente we certainly offer some technology therapeutics, certainly a private care provider and social work can help, and then even within specialty with psychiatry, psychology counselors and whatnot. There's also many resources

available to non-Kaiser members that we provided and you'll get that list shortly. But I appreciate this opportunity to kind of share the observations that I'm seeing, and it is indeed concerning and it really is a consequence of our current pandemic, what we're seeing as far as an uptick in mental health needs. And I'll pass this on to Rena.

Rena Fitzgerald: Thank you very much for inviting me to be here today, as well to share some of the things that we're seeing at the crisis line. We are the crisis line for Snohomish County and we also take most of the lifeline calls in Washington state, so all the calls to the national suicide prevention hotline except for the ones in King County, we answer those. Since May, our call volume has increased by 44%. The first couple of months after the pandemic started we saw a slight decrease in call volume and both of these trends fit in with what normally happens during a disaster. In the very beginning, people are focused more on survival, learning what they need to do to stay safe, you know, in this case how to not get COVID, and learning what resources are available to them. After a period of time, their focus shifts more to their emotional needs and any increased symptomology from mental health conditions, that are generally usually made worse in a situation like this. A pandemic, I'm sorry let me say that again, a pandemic is a little bit different than the standard disasters that we're used to like an earthquake. When an earthquake happens, we know it's going to be done in a few days and then we're going to start rebuilding from whatever damage occurred. We don't know when this pandemic is going to end and we've already been in it for six, eight months something like that. So that also, just that uncertainty, that longer period of uncertainty, is very challenging for people.

So some of the things that callers are reporting to us are an increased feeling of isolation, there's, you know, so much less in-person contact. I mean, the story about your patients who hadn't hugged anyone in several months, there's so many people who have been at home isolated and have had no in-person contact of any meaningful sort in a very long time not having school in-person, having job loss of working remotely. And then the very significant reduction in social interactions. There are so few options for coping strategies for many of the people who rely on crisis mental health services. They were already in a situation where their access to coping services and strategies was reduced, and stay at home order and the phased closures and restrictions for businesses and public places that were relied upon by this population, you know, as an example a library. A library was a great place for people to go with limited resources and feel connected to the larger community, and those options just aren't available right now. It's much harder for our callers to get connected to services. Many of them do not have access to private insurance groups and clinics that are still open seeing people in person when possible. Many of them are relying on emergency telehealth session and it's just not the same experience for them. And then the youth are reporting feeling especially isolated right now especially if parents use removal of phones and computers as punishment for them, then they're almost completely cut off from the entire world from their point of view and so that's especially difficult for them.

We're also experiencing an increased level of acuity in the crisis calls we take because individuals feel that they don't have anywhere else to go for help. None of the things that normally worked to reduce their anxiety and stress is currently working as well for them and they feel like this crisis call is the only avenue they have for help, and so it's just harder to come up with a resolution to that call that makes them feel like they've been helped, and that's also increasing the stress for the counselors who are trying their best to help people, and it's also increased the average length of our calls.

And as difficult as this is for everyone, I think it's important to recognize that feeling overwhelmed and anxious and depressed and uncertain about the future right now is completely normal during this time. Sometimes when people have an increase in these negative feelings, they're not sure if they're supposed to be having them or not, and it's completely normal for people to have an increase in anxiety and worry for the future right now. It's important that we all take care of ourselves so that we can help take care of one another. We're not alone in dealing with the emotional toll the pandemic is having on us. Help is available 24/7. You can speak with our counselors by phone or online through our chat program, and we also can help connect people to mobile crisis outreach teams who are doing their very best to still see people in the community face-to-face. And I'm going to turn it over to Dr. Mauseth.

Kira Mauseth: Thank you. Excuse me. Thank you, everybody. Thanks for having me today. I would like to echo and agree with the thoughts and reflections of my colleagues here as well. I'm looking at the pandemic through the lens of the behavioral health strike team for the State Department of Health and we're doing a lot of work on the sort of big picture overview of what is happening on behavioral health scale for the people across the population of the state throughout this entire experience. And to give you a little bit of background about this, people tend to respond to disaster situations in fairly predictable ways. So for Washington state we were looking at the impact phase of the pandemic in approximately mid-March of 2020, and then we progressed fairly quickly up to what is called sort of the rescue heroic, and then into the honeymoon phase of disaster response and recovery. And that was about late April early May. And a lot of that information in terms of how we tell where we are on the phases is based on ER visits, crisis line calls, we're looking at data to support, you know, the reflections and symptoms that we're seeing within the community. And there was a lot of optimism. There's a lot of stuff on social media at that time in May that reflects where we were. And since then, over the summer, there's been a lot of sort of fluctuation, but we've genuinely, sorry, generally been following a trend from honeymoon into disillusionment. That follows this known pattern and this data about behavioral health responses for disasters is based on a number of different factors from big events like Hurricane Katrina, 9/11, a number of other sort of floods, tornadoes, hurricanes and things from around the world as well. So we know that the disillusionment phase, which is generally the hardest time for people from a behavioral health perspective, occurs approximately six to nine months post impact from whatever the disaster is. And unfortunately for Washington that also coincides with a number of other sort of known entities with behavioral health for the fall months of 2020.

So we're looking at some challenging conditions for the fall and among those include, you know, seasonal affective things with the weather changing and the hours of darkness increasing, the potential for a second wave of illness with the flu season we really are not sure about what those numbers for infection are going to look like, and then if there are, you know, an additional wave or additional infections we don't know exactly what the restrictions and what, you know, other sort of shut down procedures will be need to be enacted in order to keep people safe. So there is that sense of unknown. And there are pretty significant consequences on that lack of knowing for people and the disillusionment phase is hard in general because it's really about going through the grief and loss process about what life was like in 2019 and even in January and February of this year, you know, it's not going to be that way again. And that doesn't mean it has to be bad. It just means it is different. And there are opportunities in that for sure to sort of create things in a different way if we can empower ourselves to do so, but the disillusionment phase is hard because it means going through that sort of psychological process of evaluating, redefining purpose, coming to terms with what we've lost and what we can do

differently, moving forward. And that's just hard. People don't do change very well in general, they don't like it. We like things to stay in a known category in our heads and our brains respond with stress to that particular combination. So the fall months are likely to be very challenging. And all of that is to say is that I like to focus our work, and I think our team through the DOH is really making an emphasis right now on education and training about what is normal and how to get help for these things that are normal psychological responses to a highly abnormal event. And then also how to build resilience going into the fall, how teachers and parents and workers can avoid burnout by focusing on the elements of resilience that are going to help get them through.

So some of the sort of education and training focus that we're working on right now is about getting the message in around those ingredient. So purpose, connection, acceptance of change, flexibility, and then also hope, right, and giving people concrete ways to go about doing that. So when it comes to purpose as an ingredient one of the strong recommendations is to really, and I think my fellow colleagues have spoken to this already today, but reevaluating what that looks like, sort of adjusting your scale and adjusting your scope about what gives you purpose and change it. Right? It's not about what you're going to be doing over the holidays. It's going to be, what can I do this week to feel good? What can I do today to feel good? And what's going on more in the immediate future, because there are so many unknowns about the moderate to long term. That's one suggestion in terms of purpose.

In terms of that connection piece, I think that's already been referenced here today as well too. But it's about facilitating any kind of connections that people can do in a safe way. So that's maintaining existing connections as well as finding creative ways to develop new connections with people. And that's with family members or friends or work organizations and whatnot. One of the things that we're kind of advocating that businesses do who are primarily meeting in an online fashion right now is to build in some time during these zoom meetings that we all go from meeting to meeting to meeting to have that sort of watercooler chat time so that people can have those personal connections and relate to each other in a more friendly personal way that's not related to the business agenda that the company or the organization is trying to achieve for that day. That's one way that organizations can go about sort of facilitating that personal connection that's missing a little bit because most of us would chit chat with each other at work around a table, a conference table if we were meeting together, but because physically we're not able to do that we missed that opportunity to find out how people are doing, how their kids are doing, what's going on, so really kind of building in that time. Another recommendation is for organizations and companies to offer an open zoom link for a casual lunch or zoom or whatever platform right to just set it up, have a rotating host. And the objective is just to sit down and connect and have lunch and you're on the computer, but you're not doing business, you're not conducting any business, you're just getting to connect with each other again. So that's a way, those are a couple of examples of how we can focus on creating individual and organizational resilience coming into these fall months.

In terms of flexibility and adaptability as ingredients for resilience, that sort of acceptance of change piece that's so hard, it's about really being creative with your schedule. It's about figuring out new ways to do the things that you need to do. And for those of us who are working parents that are juggling the kids' schedule at home, too. That's incredibly difficult, right? And thinking about how to organize your space and your time and structure it in ways that you may never have before because it's necessary right now. And again, adjusting expectations about what success looks like so that we can be a little bit kinder to ourselves and to the people that we work with and our colleagues about, you know, what it

means to be successful in any given area right now can be adjusted a little bit. We can cut each other some slack around that.

The other thing is hope, right? And that's about not the medium term optimism, but the big picture like life is going to be okay. It's going to be different, but we're going to be OK, and to know that based on this behavioral health timeline, regardless of the type of disaster that it is, human beings are resilient like generally, by and large, and collectively, certainly we are stronger than this virus. So, keeping your eye on the fact that within 12 to 18 months post impact, most people are able to recover to their baseline level of behavioral health functioning. And that's a pretty validated point from across disasters all over the world. So if given the chance we'll be able to recover to that point.

The only other thing I'd like to mention today is that it's really important to understand the extent to which all of our brains are being neurologically impacted by being six, seven months into a disaster right now. The most common examples of that are the distraction, the cognitive problems, the inability to focus, the forgetting what day of the week it is, that happens to me all the time I don't know about you, getting distracted with things, not being able to track details. You know, most of the time when I do these presentations I'll have someone come up afterwards and say, I thought it was just me. I thought I was the only one kind of going crazy here and it's never just them. That's something that all of our brains are experiencing right now because not a single brain is immune to the disaster response pattern and cycle. Everybody is in that part. The other thing that is pretty collectively being experienced right now is that our limbic systems, the emotional center of our brain, are more influential over our interactions, our decision making in our behavior than it typically would be and that's a result of the cortisol and the stress hormone and just the fact that we've been in this pattern for such a long period of time. And people are overwhelmed. So when the emotional center of your brain is more influential over your decision making and your behaviors and your interactions, the result of that is the tendency to respond more quickly to things without sort of taking a beat to think through it. And what you're going to see as a result of that is people are more quick to anger right now, they're going to be a little bit more short tempered. They're going to be a little bit more likely to snap or quick to argue and you'll see this with kids, you'll see this with your family members and you'll see it, you know, at the gas station and the grocery store with people just being a little bit more on edge. And that's part of this too. That's part of the collective experience of being in the pandemic. So focusing on those elements of resilience and into, excuse me, intentionally working on developing those it's really going to help us get through these fall months.

I think I will end there. And I'm not sure, Kari, if there are some questions.

Joint Information Center: This is Kari Bray in the joint Information Center. I'm not seeing any questions right now. I know it can take a minute to type those so I actually had a question I'd like to ask of you and for the media joining us, if you can add those questions in the chat while they answer. But I'm wondering if there are steps that you would like to see people taking now so that they may be more ready for taking care of their mental health as we head into the fall and winter between the holidays and the shorter days?

Megan Gary: I'm happy to take that and then certainly would love to hear what my colleagues say. I think right now the best we can do to establish some semblance of a routine and some creative ways of connecting with our friends and family is such vital sustenance for us to go forward and will be our antidote to withstand what is inevitably going to come, and that is more stress, more anxieties related

to the pandemic, related to what's happening in our world. And the one thing that I see missing is that piece when patients are really struggling, is that lack of a normal bedtime, regular eating habits, regular movement or exercise, regular creative new ways to connect with family and friends. And when those ingredients are missing I think you're pretty vulnerable. So if I was to just recommend that any of my patients, and I plan to today when I see them, is really the small efforts and small things that we can retain I think would be your greatest antidote to what could be coming for them.

Joint Information Center: Thank you so much. And I don't see any other questions at this time. So we will go ahead and wrap up here shortly. Please do stay tuned. This video and transcript will be available online later today. And along with those we will also be sharing a list of some resources for mental health support during this time. So thank you all again for joining us. We really appreciate your time and for our media partners, please do stay tuned for future media availabilities. Thank you again.