

Maintaining Mental Health During the COVID-19 Pandemic

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General Information

During a public emergency/crisis such as the COVID-19 pandemic, feeling a certain degree of anxiety and stress is normal. People will react differently to stressful situations. However, the majority of people exposed to a public emergency/crisis or recover without feeling traumatized.

Research tells us that individuals who are vulnerable or at risk for responding more strongly to stress during a public crisis may include:

- a) Individuals who are directly affected or injured (e.g. those who have contracted the virus or have chronic diseases that put them at increased risk for severe illness from COVID-19)
- b) Children and teens
- c) Individuals with pre-existing medical or mental health conditions (e.g. prior trauma/survivor of prior disaster; PTSD; anxiety; depression; substance use disorders)
- d) Elderly
- e) Responders (e.g. first responders and health care providers)

Signs and symptoms of distress:

- a) Anxiety or fear about your own health and the health of your loved ones
- b) Changes in eating or sleep pattern
- c) Inability to concentrate
- d) Physical complaints (e.g. fatigue, headache, stomach ache, muscle pain)
- e) Decline in the status of existing physical or mental health conditions
- f) Increased use of substances (e.g. alcohol, tobacco, or other drugs)
- g) Excessive grief reactions
- h) Altered interpersonal interactions (bickering; in extreme cases domestic violence, child abuse)
- i) Decreased work functioning

Emotions associated with coming out of quarantine:

- Relief or mixed emotions
- Anxiety or fear about your own health and the health of loved ones
- Stress from being contained and monitored by self or others for signs and symptoms of COVID-19
- Sadness, anger, or frustration related to others who may have anxiety or unfounded fears of contracting the disease from contact with you, even though you have been determined not to be contagious
- Guilt about not being able to perform usual work or parenting duties during quarantine

Ways to Manage Stress During the COVID 19 Pandemic

- a) *Understand the facts* – i.e. it's important to understand from reputable sources why and how to protect yourself and others during the pandemic. (see the **Resources** section for links to the latest information on covid-19 statistics, stay-at-home orders updates). Watch or listen to news/social media but take breaks and don't obsess over reports. Having fact-based information may help take out some of the uncertainty and distress surrounding the pandemic.
 - b) *Care for your body* – exercise regularly (deep breathing, stretching, or meditation can be helpful); eat well-balanced, healthy meals; avoid alcohol and other drugs; and get lots of sleep. If you have pre-existing health conditions, continue to take your medications as directed by your health provider.
 - c) *Structure your time and be sure to include leisure time* (take time to unwind and do activities you enjoy).
 - d) *Connect with others!* Talk with people you trust about your concerns and how you are feeling.
 - e) *Seek help if necessary* - seek help from your health provider if you, or someone you care about, are feeling overwhelmed with emotions such as sadness, depression, or anxiety. If you feel like you want to harm yourself or others call your health care provider immediately. Other resources:
- World Health Organization: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

Helping Youth (young children and teens)

Parents and caregivers can offer the best support and reassurance to their children by being prepared and dealing with the pandemic in a confident and calm manner. Watch for behavior changes. Children and teens may respond to stress in varied ways but some common reactions have included:

- Excessive crying or irritation in younger children
- Regressed behavior - returning to behaviors they have outgrown (for example, toileting accidents or bedwetting)
- Excessive worry or sadness
- Unhealthy eating or sleeping habits
- Use of alcohol, tobacco, or other drugs
- Irritability and “acting out” behaviors
- Poor school performance or avoiding school
- Difficulty with attention and concentration
- Avoidance of activities enjoyed in the past
- Unexplained headaches, body pain, or other physical complaints

Interventions:

- Speak with your children about the COVID-19 outbreak, providing facts about the pandemic in a way that your child or teen can understand; answer questions.
- Reassure them that they are safe. Let them know it is ok if they feel upset. Share with them how you deal with your own stress so that they can learn from you how to cope.
- Limit excessive exposure to news coverage of the event, including social media. Children may misinterpret what they hear and can be frightened about something they do not understand.
- Maintain regular routines. If schools are closed, create a schedule for learning activities and relaxing or fun activities.
- Maintain good physical and mental health (be sure to take breaks, get plenty of sleep, exercise, eat well, and connect with friends and family members).

Assistance For Family/Caregivers

Helping Individuals at Increased Risk for Serious Illness Due to COVID-19

(e.g. family or caregivers helping elderly or individuals with debilitating chronic medical conditions)

Common concerns or reactions of people at increased risk of serious illness from COVID-19 may include:

- Protection from the virus.
- Disruption of regular medical care or community services (due to closures or reductions in facilities, services, and public transport)
- Social isolation, especially if they live alone or are in a community setting that is not allowing visitors because of the outbreak.
- Guilt if others help them with activities of daily living.
- Increased levels of distress if they:
 - Have mental health concerns before the outbreak, such as depression.
 - Live in lower-income households or have language barriers
 - Experience [stigma](#) because of age, race or ethnicity, disability, or perceived likelihood of spreading COVID-19.

Supportive interventions for people at increased risk of serious illness due to COVID-19:

1. Connect often (via telephone, email, mailing letters or cards)
2. Help them maintain safety through awareness and monitoring of their medications and other medical supplies
3. Help them access and stock food (to have on hand in order to minimize trips to stores).
4. Take care of your own emotional health. Caring for others can take an emotional toll; identify and utilize ways to support yourself.
5. Stay home/take distance if you are sick. Use virtual communication to stay connected and to keep yourself and others safe.

Assistance for First Responders and Health Care Providers

Responders to emergencies may experience secondary traumatic stress disorder, also known as *compassion fatigue*. Compassion fatigue involves negative reactions and symptoms resulting from exposure to another individual's traumatic experience (as opposed to one's directly experiencing the traumatic event).

Symptoms of compassion fatigue:

- anxiety, poor concentration, sadness, anger, guilt, helplessness, preoccupation with trauma, hypervigilance/easily startled
- feelings of isolation, social withdrawal
- sleep and appetite disturbances
- physical complaints (increased heart rate, difficulty breathing, muscle and joint pain)
- dissociation or feeling of detachment; a sense of confusion

Compassion fatigue is preventable and treatable, however, if unaddressed, the symptoms can result in problems with mental and physical health, strained personal relationships, and poor work performance.

Prevention strategies for compassion fatigue:

- Life balance – establish and maintain a diversity of interests, activities and relationships.
- Relaxation techniques – practicing muscle relaxation, meditation, or guided imagery.
- Contact with nature – e.g. playing w/pets, gardening or hiking w/social distance.
- Creative expression – e.g. drawing, cooking,
- Be assertive– say “no” and set limits when necessary.
- Cognitive restructuring – regularly evaluate experiences and apply problem-solving techniques to challenges.
- Time management – set priorities and structure time to be productive and effective.
- Plan for coping – have an intervention plan for when signs of compassion fatigue begin to surface.

Interventions:

- Good self-care – e.g. healthy diet, exercise, and regular sleep
- Journaling – writing about feelings related to helping or care-giving and about anything that has helped or been comforting can help make meaning out of negative experiences.
- Seek support – working with a health practitioner or a support group to process distress and experiences can provide additional perspectives and ideas.
- Ask for help – ask social supports or co-workers to assist with tasks or responsibilities.
- Recognize success and create meaning – identifying aspects of helping that have been positive and important to others can help with resolving trauma and distress.

Resources

1. World Health Organization: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
2. Centers for Disease Control and Prevention (CDC). Stress and coping. <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html>

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2. Ursano, RJ, Fullerton, C, Weisaeth, L, & Raphael, B. (2017). *Textbook of Disaster Psychiatry*. Cambridge University Press.
3. Stoddard, FJ, Pandya, A, & Katz, CL. (2011). *Disaster Psychiatry: Readiness, evaluation, and treatment*. American Psychiatric Publishing.
4. Centers for Disease Control and Prevention (CDC). (2020). Stress and coping. <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html>
5. Administration for Children & Families (2020). Secondary traumatic stress. <https://www.acf.hhs.gov/trauma-toolkit/secondary-traumatic-stress>

Pamela Smith, MD – Dr Smith graduated from New York Medical College in 1992. She completed specialty training in psychiatry at New York–Presbyterian University Hospital of Columbia & Cornell and later served on the faculty of the UCLA Medical School and staff of the UCLA Neuropsychiatric Institute & Hospital. She has worked in international humanitarian aid providing mental health training to clinicians serving impoverished communities in South Africa, people living with HIV/AIDS in Uganda, survivors of the tsunami in Indonesia and Sri Lanka, survivors of the earthquake in Haiti, and refugees of the conflicts in Iraq and Darfur. Dr. Smith has participated in coordinating projects with organizations and agencies including the AIDS Healthcare Foundation (AHF), International Medical Corps (IMC), World Health Organization (WHO), UNICEF, and the United Nations High Commission for Refugees (UNHCR). In addition, she has served on the peer review panel of the United Nations/Inter-Agency Standing Committee Mental Health Task Force developing international guidelines for mental health interventions during emergency disaster relief. Dr Smith currently works in a private clinical practice and as an independent consultant to agencies and organizations associated with global mental health.

Dr. Smith also has provided clinical services to varied resource-limited communities in urban and rural areas of the United States and has developed the Telepsychiatry Service for the San Joaquin County Behavioral Health Service in northern California. In addition, she has worked for the U.S. Indian Health Services (IHS) supporting the mental health of Native Americans.