PATIENTS WITH MENTAL ILNESS IN THE AGE OF COVID-19 WHAT PSYCHIATRISTS NEED TO KNOW

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the COVID-19 epidemic has caused a parallel epidemic of fear, anxiety, and depression. emotional responses brought on by the COVID-19 epidemic, resulting in relapses or worsening of an already existing mental health condition because of high susceptibility to stress compared with the general population.

Few voices of this large but vulnerable population of people with mental health disorders have been heard during this epidemic. Epidemics never affect all populations equally and inequalities can always drive the spread of infections. As mental health and public health professionals, we call for adequate and necessary attention to people with mental health disorders in the COVID-19 epidemic.

people with severe mental illness face serious issues during the COVID-19 pandemic.

- Small social networks may limit opportunities to obtain support from friends and family members should individuals with serious mental illness become ill
- people with mental illness have lifestyles that increase their risk for contracting the new coronavirus.
- more underlying health conditions that raise their risk for developing more serious cases of COVID-19 if they contract the virus.
- mental health facilities could face additional strain as more of their clients are diagnosed with COVID-19.
- In February 2020, a cluster of approximately 50 patients and 30 medical staff were diagnosed with COVID-19 at the Wuhan Mental Health Center.

- Mental health issues often coincide with a unique set of challenges that make it difficult for people to access even the most basic necessities, such as food, medications, stable housing, and healthcare.

- People with Alzheimer’s disease or intellectual disability may have difficulty understanding the need to stay home.

- Addicted individuals may experience withdrawal syndrome due to difficulty obtaining drugs, while other addictions, such as alcoholism ,smoking , and online gambling (other than sports betting, due to cancelation of games) may worsen. For women and children who are victims of domestic violence, the lockdown situation can be especially serious.

long list of challenges that put people living with psychiatric disorders such as schizophrenia, bipolar disorder, or depression at a higher risk from severe COVID-19 and worse prognoses in this population.

COVID-19 issues as they impact both inpatients and outpatients, looking at:

- ❖ symptoms
- ❖Comorbidities
- ❖ medications
- ❖service locations

Symptoms:

- ✓ ***Paranoia*** : Remote forms of communication can increase patients' paranoia as they are required to communicate through electronic tools(seeing their psychiatrist on a screen)
- ✓ ***Delusions*** :
- ✓ ***Hallucinations*** : sensitive to the fact that auditory hallucinations can interfere with one's ability to communicate by telephone. The patient mixes up all the voices, including the psychiatrist's
- ✓ ***Cognitive deficits***
- ✓ ***Disorganization***
- ✓ ***Anxiety*** : Patients with previous trauma symptoms or PTSD can be triggered by COVID-19 fears or Symptoms of COVID-19, especially shortness of breath, may compound anxiety and panic attacks

Incidence of SMI

During this pandemic, it is reasonable to expect that new cases of SMI will arise and need to be addressed by the current psychiatric workforce.

1) As a result of the Spanish flu epidemic, infected people had psychotic symptoms that appeared to result from their infection:

1/3 of these patients were diagnosed as having schizophrenia

2/3 had apparently recovered

- a recent onset of psychotic symptoms was significantly associated with coronavirus exposure .This means that coronavirus exposure may be a comorbid risk factor in individuals diagnosed with SMI.

Emergency departments might well see psychotic presentations in people with COVID-19. These individuals will need much longer-term follow-up for their psychotic symptoms.

2) No surprise that anxiety is at high levels during the pandemic ,individuals will present with posttraumatic stress symptoms (PTSS)

There is no way to know how many individuals who were coping adequately with PTSS prior to the pandemic will subsequently meet criteria for PTSD.

Quarantine and isolation itself induces psychiatric symptoms. Quarantine will not only exacerbate symptoms in those with known SMI, but it also may bring to treatment people with SMI, who were previously undiagnosed and/or untreated due to exacerbation of symptoms.

Medical Comorbidities:

Patients with SMI are particularly vulnerable to COVID-19 due to generally being in worse physical health than the general population. They typically delay seeking medical care for various reasons and have more medical comorbidities such as HTN and DM.

in patients with schizophrenia :

- ✓ CVD is twice as prevalent
- ✓ obesity is twice as prevalent
- ✓ diabetes is at least three times as prevalent

smoking and COPD :

- ✓ Smoking : in general population 18% and in SMI is about 53%
- ✓ COPD : in general population 5% and in SMI is about 22.6%

Delirium:

patients with COVID-19 are at accelerated risk for delirium:

1) direct (CNS) invasion
2) induction of CNS inflammatory mediators
3) secondary effect of other organ system failure
4) effect of sedative strategies
5) prolonged mechanical ventilation time
6) immobilization
7) other needed but unfortunate environmental factors including social isolation and quarantine without family.

✓ Prevalence:1/3

✓ No specific treatment

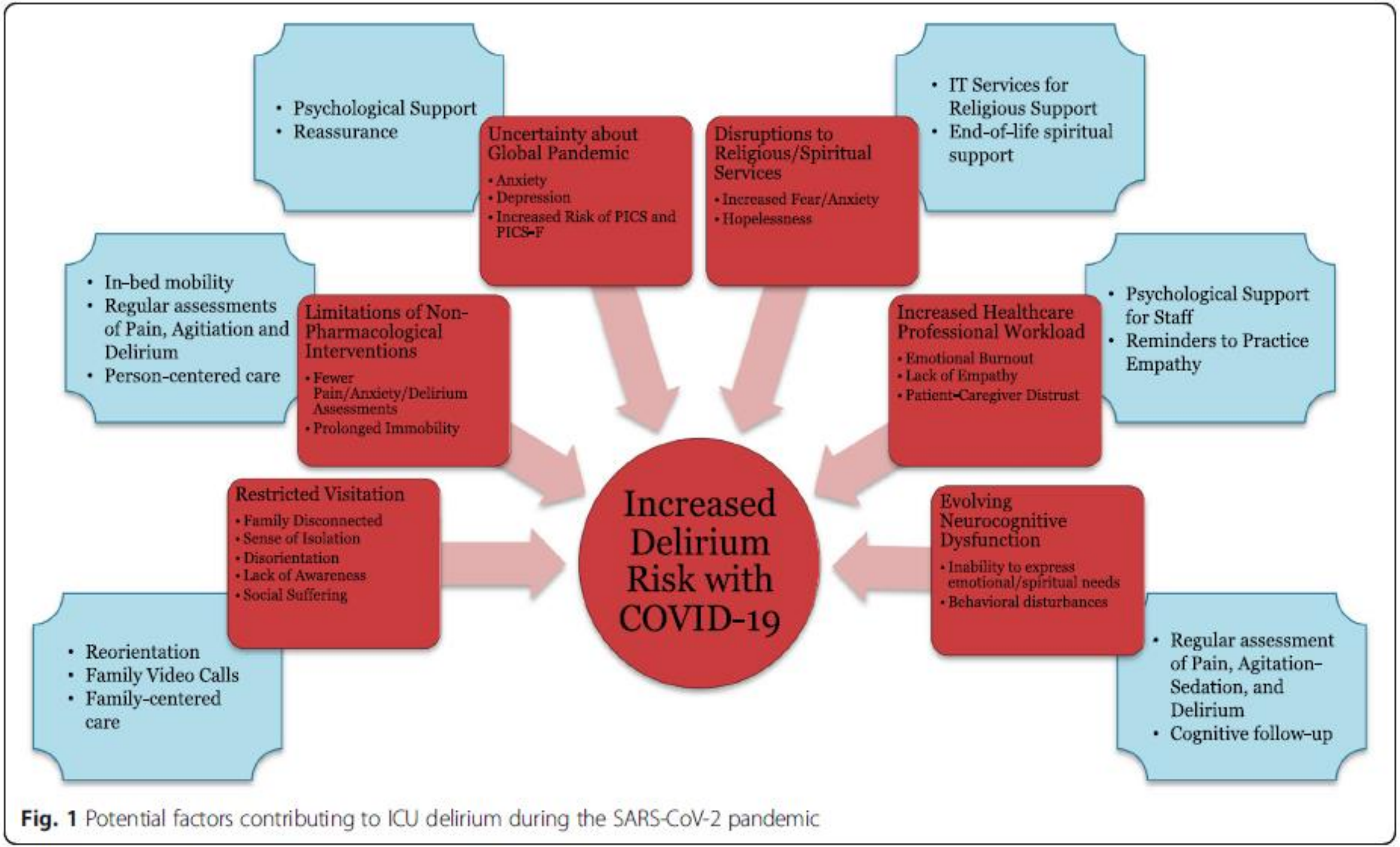
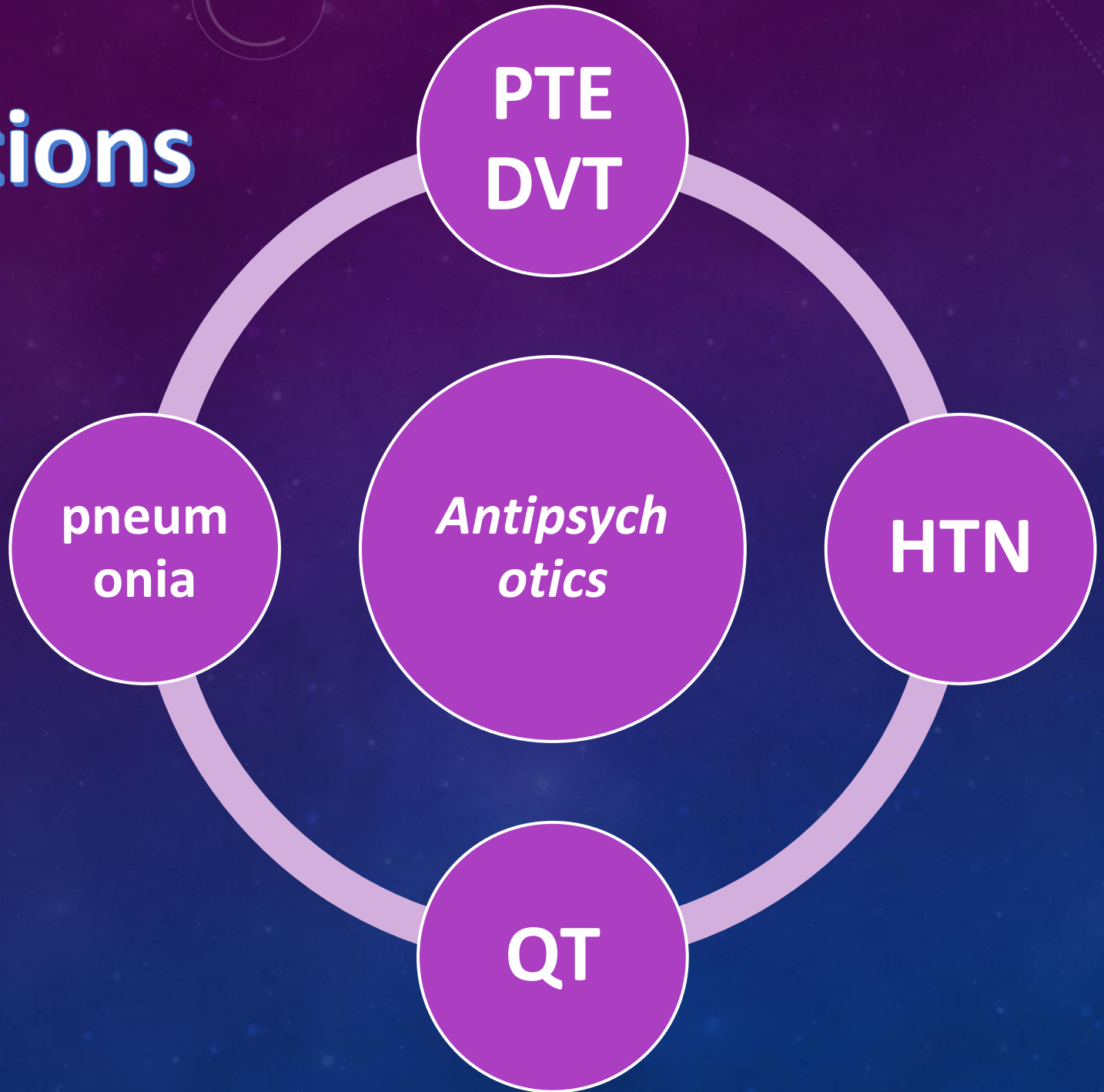


Fig. 1 Potential factors contributing to ICU delirium during the SARS-CoV-2 pandemic

Medications



- ✓ During this COVID-19 pandemic the APA encourages hospitals and other facilities to include the ongoing use of LAI for patients with high-risk chronic illness as a necessary procedure.

- ✓ LAI can also help ensure adequate level of functioning and cognitive processing which would enable these patients to practice social distancing in a pandemic.

- ✓ We want to ensure that clinics are seeing patients as infrequently as is medically prudent, to limit the possibility of exposure to the coronavirus for both patients and staff, and to limit the use of PPE.

For example, continued use of long-acting injectable medication may be recommended for an individual unwilling to take oral medication, with a history of past decompensation (including hospitalization, agitation, violence, arrest, relapse or overdose) when taken off of an LAI formulation, or who is not easily reached by phone or electronic messaging for follow-up/monitoring during and after the switch.

- ✓ Corticosteroids can cause manic symptoms when administered as a bolus.
- ✓ Interferon (especially alpha, but also beta) can produce depressive symptoms
- ✓ Hydroxychloroquine can cause anxiety and, less frequently, psychosis.

Anxiolytics:

- ✓ With the rise in anxiety symptoms and diagnosable cases of anxiety disorders such as generalized anxiety disorder and PTSD, an increase in the prescription of anxiolytics followed.

- ✓ benzodiazepines contribute to poor respiratory functioning ,our patients are less able to fight a COVID-19 illness if infected.

- ✓ those unable to fill their long-term prescriptions on time at their pharmacy might either turn to illegitimate ways to obtain them or run the risk of abrupt withdrawal and experiencing seizures.

Side effects:

Beyond the physiologic vulnerability to COVID-19 incurred by psychotropics, people with SMI are subject to other side effects that increase their risk of contracting and spreading the virus.

- ✓ **Sedation and drowsiness** : lead patients to put their head on a table and fall asleep.
- ✓ **Involuntary movements** : more face touching and contact with others
- ✓ **Drooling or sialorrhea** : can quickly spread the virus over a wide area.

Medication interactions

Experimental drugs are currently used for COVID-19 treatment. Some have unknown side effects, while others can have serious interactions with psychiatric medications and other medications

Ritonavir:

- ✓ contraindicated with disulfiram (oral version has 42% alcohol)
- ✓ decreases metabolism of midazolam and triazolam
- ✓ Its level is decreased by CYP3A4 inducers such as carbamazepine
- ✓ it directly inhibits 3A4 and 2D6 through which several psychotropics are metabolized.

QTc prolonging medications:

hydroxychloroquine and azithromycin, further increasing the burden on the heart of those on psychotropic medications.

- Hydroxychloroquine can interact with some antipsychotics, increasing the levels of phenothiazines.

- Atazanavir and lopinavir / ritonavir can substantially increase the levels of quetiapine, lurasidone, ziprasidone, and pimozide, as well as those of certain benzodiazepines, such as midazolam and triazolam

- In patients treated with clozapine, SARS CoV-2 infection may lower the white blood cell count and a dose reduction is advisable.

service locations

Telepsychiatry: online community mental health care

One of the first measures universally adopted in all countries is a transition to remote care through outpatient televisits via telephone, chat, or video call. Undoubtedly, the field of mental health is one that is best suited to this change since physical examination is generally less crucial than in other conditions.

It is foreseeable that after the pandemic there will be a return to the format of face-to-face visits.

This crisis has made it clear that many unnecessary trips can be saved and that remote communication can, at least in part, replace or complement the in-person visit.

Therefore, mHealth or mobile health is going to play an increasingly important role and can also be used to benefit mental health provided that the aspects of confidentiality and data protection are properly taken into account.

Patients with SMI may have higher levels of avoidance coping and report overall reduced coping ability, self-esteem, and social support than the general population in disaster settings.

SMI Patients also may have cognitive limitations posing challenges to appropriately handle the informational overload in times of crises; tele/digital health can address cognitive deficits.

These smartphone digital data streams can be used predict relapse, and create personalized care plans responsive to the psychological and social environments of patients.

The idea of using mobile technology like apps for global mental health is not new but today that idea is becoming reality for SMI. The early experiences with COVID-19 have forged that reality and now demand healthcare systems seek to rapidly keep up with the technology needs of patients.

In a time when many mental health professionals and clinicians have started consulting with their clients remotely, those who don’t have a device don’t get the care they need.

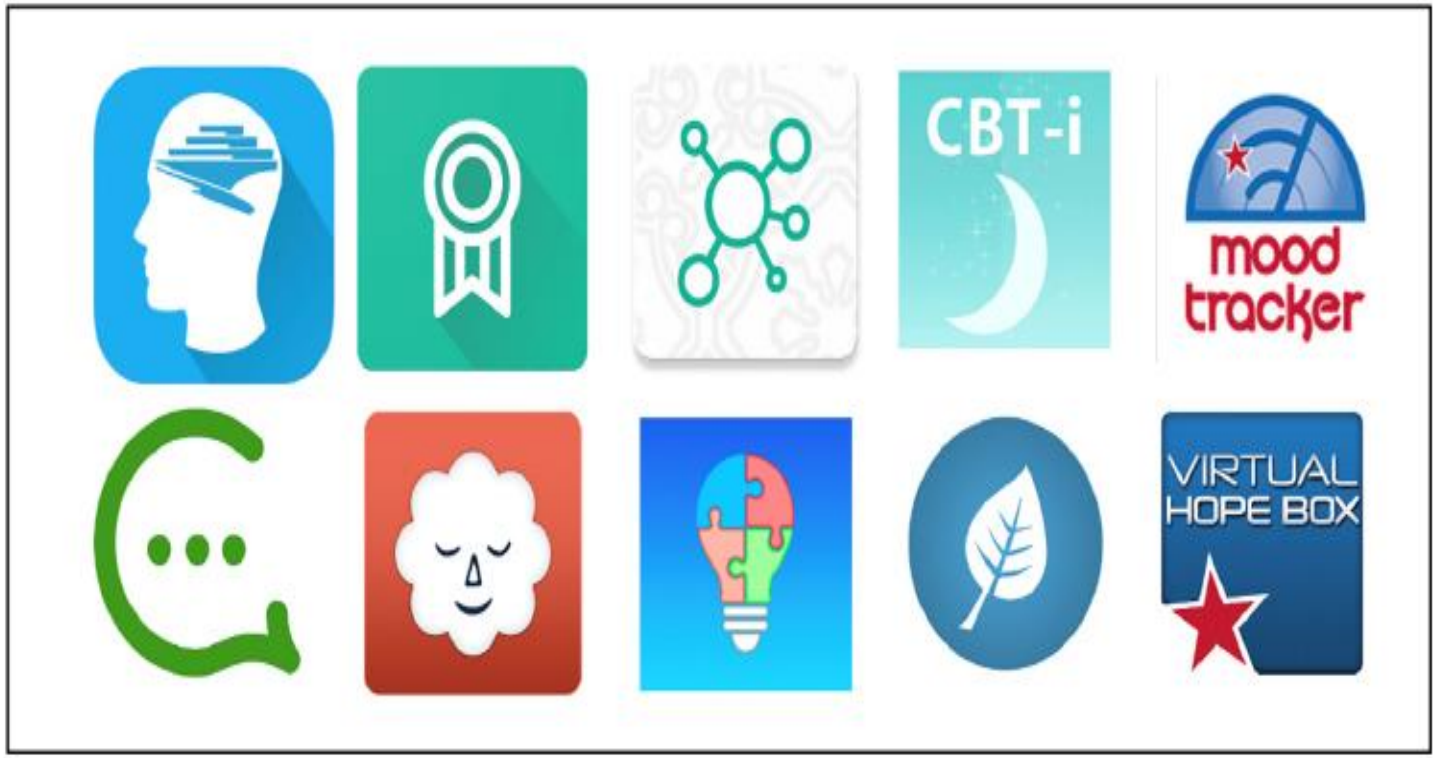


Fig. 1. Many apps applicable for SMI exist. These selected examples from those mentioned in the text and found on the Android app store on March 24th, 2020: (from top left to bottom right): CBT2GO, PRIME, Intellicare, CBT-I Coach (VA), T2 Mood Tracker (VA), PeerTech, Stop Breath and Think, mindLAMP, Mindfulness Coach (VA), and Virtual Hopebox (VA).

Managing schizophrenia during the COVID-19 Pandemic:

❖Factors That Put People With Schizophrenia at Elevated Risk of Acquiring COVID-19 and of Experiencing Poor Outcomes:

- ✓Cognitive impairment
- ✓lower awareness of risk
- ✓Impairments in insight, judgment and decision-making capacity,
- ✓Comorbid substance use disorders
- ✓Greater difficulty following adequate hygiene practices than the general population(eg Oral hygiene)

Impaired judgement and poor self-care, two features commonly observed in schizophrenia, could hinder compliance with health recommendations and put patients, their families, and health professionals at risk.

Antipsychotic medications commonly prescribed in schizophrenia, particularly clozapine, appear to be associated with risk of death from pneumonia related to impaired swallowing, sedation, and hypersalivation, which worsen during the immune response due to a feedback loop that increases clozapine concentrations while we are unaware of evidence specifically linking clozapine to deaths from coronaviruses.

Effects of stigma on help seeking and discrimination when they access care: they are more likely to experience underdiagnosis of comorbid physical illnesses, less likely to receive screening and definitive interventions, and generally receive poorer-quality care.

Mental Health Impact of COVID-19 on Schizophrenia:

Social distancing practices could have a particularly negative impact on individuals with schizophrenia. Typically, individuals with schizophrenia on average have smaller and poorer-quality social networks than the general population. Thus, they may be more able to comply with, and tolerate, social distancing directives.

However, social support has been associated with higher scores on recovery measures in schizophrenia, and broad community supports, including casual contacts at pharmacies, grocery stores, and cafes, have also been associated with improved recovery and community integration scores in schizophrenia.

Patients with schizophrenia, social isolation may increase the risk for suicide and stress has been associated with aggressive behavior.

Social distancing may also disproportionately impact the ability of people with schizophrenia to maintain their basic needs, given their high reliance on income support and other community services that become more difficult to access.

Thus, developing approaches to maintain social connection to instrumental supports in the face of social distancing may be especially crucial for people with schizophrenia.

Impact of the COVID-19 Pandemic on the Management of Inpatients and Outpatients With Schizophrenia:

Continuity of care is critical for these patients to prevent decompensation and its consequences, including emergency department visits and hospital admissions resulting in further strain on the health care system, mental and physical deterioration, and even deaths.

In COVID-19 could be even greater in outpatient settings, where the majority of mental health care is delivered. Evidence-based models of care for schizophrenia, including assertive community treatment and intensive case management, emphasize in-person contacts in the community and in patients' homes. While outreach visits increase the risk of transmission to both patients and providers, abrupt changes to how mental health services are delivered could increase the risk of service disengagement, medication nonadherence, and distress, all leading to decompensation and relapse.

Phone and video consultations have been rapidly care during the COVID-19 outbreak. However, there is little research examining the suitability of telepsychiatry for schizophrenia compared with other less severe mental disorders (eg, depressive and anxiety disorders)

A recent randomized-controlled trial of adjunct videoconferencing in patients with severe mental illness compared with usual care found high levels of satisfaction associated with the service, but low use over the 18-month study period.

Despite these challenges, outpatient services should strive to reduce in-person contacts when it is safe to do so through the use of telepsychiatry and the provision of longer prescription durations.

lack of access to regular psychosocial interventions or medication (and subsequent reduced adherence) could, of course, increase the chances of psychotic symptoms, which is a major concern.

Nonetheless, exposure to such a stressful life event, changes of routine, and interpersonal anxiety due to prolonged quarantine or even the fear of contracting the disease could also act as important triggers.

Such risks vary from patient to patient according to clinical comorbidities, cognitive impairment, acute symptoms, and family support, which can influence disease severity and general health conditions

SOME ADVISED

1. Schizophrenia patients should follow the same health instructions

(e.g., influenza vaccine – unless specific restrictions apply) and receive the same treatment as clinical high-risk groups for COVID-19.

2. General practitioners treating COVID-19 patients should pay special attention to those with schizophrenia, since they could minimize or have difficulty describing respiratory symptoms.

3. Mental health professionals should remotely monitor unstable outpatients and, when possible, use telehealth (internet-based) technologies to provide more frequent clinical contact and support for emerging concerns.

4. Mental health services should inform patients and families of all procedures to be followed during this period and should provide clear remote contact channels to minimize overcrowding and exposure. However, families should monitor for signs of relapse and contact mental health services as soon as possible.

5. Professionals and families should promote and monitor adherence to antipsychotic medication regimens, as well as ensure access to prescriptions, perhaps organizing a delivery system. It should also be emphasized that patients should continue regular medication regimens, including clozapine.

6. long-acting inject-able antipsychotic medications, which are increasingly used in the management of schizophrenia.

Given the role of long-acting injectable antipsychotics in reducing hospitalizations compared with oral medications , it is prudent to continue using them, even if these visits may increase the risk of infection for patients and providers.

7. clozapine is associated with superior outcomes in treatment-resistant schizophrenia, but it requires regular bloodwork.

In response to the COVID-19 pandemic, FDA has changed some of their regulations for laboratory monitoring requirements on an emergency basis.

Thus, during the pandemic, the frequency of blood monitoring required for clozapine maintenance could be reduced.

However, the risks and benefits of such a change need to be carefully considered.

8. To reduce emotional distress and possibly psychotic relapse families and patients should be advised to:

- ✓ Anticipate stress reactions and be informed about them by professionals.
- ✓ Prepare for quarantine, which can be better adhered to if patients and families receive more information about the disease, about the benefits of quarantine (both personally and in terms of public health), and about quarantine procedures (such as adequate supplies of food and medication).
- ✓ Limit media exposure, since overexposure to broadcasts of stressful situations has been linked to negative mental health outcomes, and avoid misinformation.
- ✓ In as much as possible, develop new routines that include leisure activities and physical exercise

Mental health home care:

Home care, including its more intensive version, hospitalization at home, is playing a key role in avoiding hospital admissions for mental disorders (which would put patients at greater risk of contracting COVID-19)

the COVID-19 pandemic has shown that home care can, in many cases, substitute for admission to a psychiatric hospitalization unit, especially insinuations such as the current one where many psychiatric wards have had to be converted into COVID-19 wards.

The home care staff must be tested for COVID-19 and must be adequately protected, keeping a safe distance at all times.

Certain treatments such as long-term inject to be given, white blood cell counts to be monitored in patients treated with clozapine and lithium levels to be checked.

This home care is also important for people with intellectual disabilities and/or autism and patients with severe mental disorders and poor functionality who live with older caregivers.

home care, including hospitalization at home, is also a resource to be promoted after the acute phase of the pandemic.

It is advisable to call the homes of all such patients and, if there is no answer, to provide a home visit.

Managing OCD and related disorders during the COVID-19 Pandemic:

For those living with OCD, times of high stress and anxiety can lead to changing or worsening symptoms.

OCD comorbidity can become particularly problematic, especially if patients have, or have previously shown, cleaning or washing symptoms.

existing obsessive fears of contamination in some people with OCD and further triggering harmful compulsive actions.

some patients with contamination-related OCD are expressing doubts about the rationality of the therapies they have been pursuing. Several patients have told their clinicians they were “right all along”, as now everybody looks like them.

For these people, coronavirus can become all they think about

Set a Safety Plan

create a basic safety plan for maintaining personal hygiene and decreased social contact. Once this is done, try not to add more to it.

Recommendations from trusted health organizations including the CDC and WHO.

The protective measures we are taking against COVID-19 are our new normal but they are only temporary, and at some point, we will return to our normal lives. Until then, we have to be open to change

Stay Physically Active

The guidance to clinicians is as follows:

1. Take a compassionate calming approach. Use telemedicine including telephone or video calls.

2. Careful history taking : Confirm the diagnosis of OCD, paying particular attention to other obsessive-compulsive and related disorders including hypochondriasis.

as these disorders are likely to be most affected by COVID-19.

- ✓Clarify the extent to which the current symptoms represent a rational or exaggerated reaction
- ✓Establish the level of insight into the irrationality or excessiveness of the symptoms
- ✓presence or absence of tics

Many OCD patients may not experience exacerbation of their OCD. On the other hand, patients who have experienced contamination symptoms in the past may find that they re-experience contamination fears and cleaning or washing compulsions under the conditions of the pandemic.

3. Assess suicidal risk:

Even though OCD has not been considered a disorder with high risk for suicide, COVID-related factors found anecdotally to potentially increase suicidal risk include a recent increase in OCD severity, experiencing a family member found positive for COVID-19 or finding the effects of quarantine or isolation distressing.

For all patients with OCD, but particularly in such cases, consider actively evaluating the suicide ideation.

4. Provide psychoeducation with balanced information about the known risks and impact of COVID-19 on physical and mental health.

This includes the difficulties managing uncertainty associated with the virus, which almost everyone is experiencing right now but that might be particularly challenging for some people with OCD, hypochondriasis or anxiety.

Patients need to understand that this health crisis may well persist for some time, and they need to manage their stress levels over time (e.g., by putting into play long-term routines of mindfulness techniques, exercise).

5. Enquire about Internet usage and news consumption:

some patients are spending hours a day watching television and online media sources, which may be significantly exacerbating their OCD and anxiety.

Offer a balanced approach

Suggest trusted sources to avoid myths, rumors and misinformation

Handwashing videos may be helpful to guide patients about what is appropriate and discourage unnecessary excess. For example, the National Health Service (https://www.nhs.uk/video/pages/how-towash- hands.aspx) and CDC videos https://www.youtube.com/watch?v=3EoAyQu3LIs)

recommend handwashing for 20 s; thus, anything beyond this is likely to be compulsive and excessive.

6. If OCD symptoms are the main problem:

✓Review medication status as a priority:

Based on the risks associated with exposure and response prevention (ERP) in the pandemic

uncertainty as to which of the two evidence-based treatments, pharmacotherapy or CBT , represents the most efficacious first line treatment modality.

pharmacotherapy should be the first option for adults and children with OCD with contamination, washing or cleaning symptoms during the COVID-19 pandemic.

A) Type of medication; most patients should receive an SSRI

B) Dosage; if the patient is on a suboptimal dose, consider increasing it, paying attention to any contraindications

C) SSRI-resistance; consider a low dose of adjunctive antipsychotic (aripiprazole, risperidone, quetiapine, olanzapine),especially if a tic is present.

D) Adherence

E)Manage sleep disturbance when present, as healthy sleep contributes to immune function and enhances anxiety management.

Review and risk assess the CBT plan:

Considerations include whether it is feasible in the pandemic situation, and specifically whether it fits with government safety guidance.

it can be difficult to disentangle OCD-related cleaning and checking compulsions from rational COVID-19-related safety behaviors and to devise ERP strategies that are coherent and robust.

Moreover, as COVID-19 is highly contagious, and patients can easily be confused by exposure exercises, particularly during the early stages of therapy or when practicing exposure on their own at home, the risk of patients becoming seriously infected with the coronavirus could be increased.

This risk becomes even more true for children whose knowledge base and judgment is not yet matured.

Active and in vivo CBT with exposure and response prevention (ERP)will need to be sensibly adapted and may need to be paused.

Instead we suggest using therapist time to support patients and trying to prevent them from deteriorating, e.g. by encouraging them to restrain their compulsions as far as possible, rather than directed at actively treating contamination fears and concentrating on techniques.

Such as behavioral activation and activity scheduling which can assist in preventing deterioration and help with depressive symptoms. Indeed, activity scheduling can be particularly useful as a form of CBT at this time.

Making sure that they have a balance between activities which may give them a feeling of mastery as well as those for pleasure.

For clinicians working in specialist centers, other less evidence based forms of CBT not involving ERP, such as imaginal exposure or danger ideation reduction therapy, could potentially be offered for patients with contamination – related OCD, even when their concern is COVID. and only done if the patient has good insight, is willing, and is stable enough to do so.

Efficacy of this form of treatment is not as well established and it should not be viewed as a substitute for in vivo ERP when post pandemic restrictions are lifted.

For those patients whose exposures are not contamination related, many ERP treatment plans could be continued (e.g. addressing urges to check, obsessive thoughts of harm, symmetry/order obsessions), especially those that can be done at home.

It is important to remember that even if the OCD does not focus on contamination fears, the physical distancing can increase symptoms of anxiety and depression.

ERP increases distress and can also temporarily increase depression and so the patient's mental state must be monitored carefully.

Therapists should regularly check e.g. by phone or digitally, those OCD patients likely to engage in particularly harmful decontamination rituals or behaviors. The use of video calls with the patients should be recommended, where possible.

The added benefit of video calling is that it helps the therapist perform a visual risk evaluation, which is especially valuable for patients living alone, to determine the condition of the patient's hands , presence of food in the fridge or cupboard, etc.

One group of patients requiring particularly vigilant care is those who, as a result of doubt or uncertainty about whether food in the house is contaminated, respond by throwing everything away and consequently have little or no food in the house.

Identify and discourage high-risk obsessive-compulsive behaviors, such as washing in boiling (very hot) water or bleach, or total fasting. encourage eating and drinking to maintain health.

III. Deep brain stimulation (DBS):

For this small group with extremely severe, treatment resistant illness, a moderate increase of psychological distress or OCD symptoms may be expected during the pandemic, but this does not mean that DBS is notworking. We recommend delaying the implantation of electrodes in those OCD patients waiting for DBS until the outbreak is over.

IV. Social and occupational care:

There is great value in activity scheduling and establishing a daily routine, even if stuck at home.

Under quarantine or staying at home under national restrictions are at great risk of circadian rhythm disruption. could increase anxiety and worsen OCD symptoms.

Therefore it is recommended to respect a regular awakening time and bedtime every day and to regularly perform some physical activity in the morning especially in a bright room. Finally it is recommended to avoid late-night dinners so as not to affect sleep quality.

Recommend hedonic activities especially those that involve children, such as baking, cooking, gardening, inventing a new game or watching a movie.

Increasing communication with friends, family members and loved ones, even if at a distance via the multiple online platforms.

Also encourage patients and family members to keep weight under control e.g. by creating new places for sports in the home.

Exercise can be additionally helpful for some patients coping with the mental effects of the pandemic.

Aerobic exercise has in some studies been shown to have positive effects for those with depression , anxiety and OCD.

V. Carer support:

Remember that family members and caregivers of patients with OCD are also at increased risk of developing stress related disorders owing to the worsening of patients' symptoms and may need additional support in their own right.

Parents of children with OCD are likely to require even more coaching and support than before, especially as relationships may be impacted in unpredictable ways by the fact that parents and children are spending so much time together.

Posttraumatic Stress Disorder during COVID-19:

COVID-19 has quickly become a global health emergency but also psychological concerns as people are exposed to unexpected deaths or threats of death

1) healthcare workers who have close contact with COVID patients

exposed to the virus ,witnessing increased illnesses, deaths, and supply shortages

2) patients admitted to the hospital with COVID-19

social isolation

fear for survival

prolonged treatment in intensive care units (ICUs)

35% of ICU survivors having clinically significant PTSD symptoms 2 years subsequent to the ICU care

3) people with PTSD :

their symptoms are triggered by things that remind them of the traumatic event

Coping Tips For PTSD:

In these uncertain circumstances, some degree of stress and anxiety is normal and expected.

Feeling a sense of control over things may help.

Think about what you can do and set simple goals.

Addiction, Substance Use during the COVID-19 Pandemic:

- ✓ COVID-19 related social isolation and stress can increase susceptibility to substance misuse, addiction, and relapse.
- ✓ Substance use can lead to immune system, respiratory, and pulmonary changes and may increase susceptibility to COVID-19 as well as complications.
- ✓ People with addiction also have depression, anxiety, and other mental health concerns. During COVID-19, the constant flow of stressful news may lead to increased feelings of worry, anxiety, and stress.
- ✓ Take a break from the news and social media. Watch a comedy, read a book, explore a relaxation or deep breathing or call a friend.

- ✓ Many providers are offering virtual visits via web chat or phone.
- ✓ online mutual support group meetings (AA, NA, etc.)
- ✓ Many of those in treatment for substance abuse rely on daily meetings or support groups like Alcoholics Anonymous.
- ✓ With isolation and lockdowns in place, many people aren’t able to get the support they need to help battle their urges.

Managing Anxiety During the COVID-19 Pandemic:

Recognize it is normal to have anticipatory anxiety but set aside a certain amount of time for worrying.

For these people, the COVID-19 pandemic may create an elevated fear of catching or dying from the virus.

Anxiety sufferers are prone to catastrophizing, which can result in behaviors like panic buying or trying different medications and treatments in an effort to “cure” or prevent coronavirus.

also fall victim to compulsively checking the news, scrolling and scrolling for something more definitive that just won’t come.

On the positive side, those who have been in treatment for an anxiety disorder might actually be better prepared for the current situation as they already have some coping mechanisms in place to deal with their day-to-day fears. But, for some, this could also be a tipping point that makes them paralyzed by that fear.

Give yourself 15 minutes each day to spend on worrying about the virus.

Verbalizing or writing down your feelings can be a way to externalize feelings of anxiety.

Find ways to stay in the present, food tastes, the sensation of fingers

Breathing techniques :

inhaling deeply through your nose to the count of four, and then exhale to the count of 6. Do this three times.

eye exercises:

Coping Tips For Anxiety:

One coping strategy to try is what some psychiatrists call “being with your fear.”

Mental health and mindfulness apps to get guided meditation tips and techniques.

social support buffers stress and anxiety

at least one phone call a day to a completely non-coronavirus related conversation, focusing instead on positive questions and stories.

Bipolar during the COVID-19 Pandemic:

The risk of developing a manic episode after even one night of missed sleep is high, and the consequences of a manic episode may be greater in our current stressful times.

particular attention to patient sleep.

daily connections with friends and family they are more likely to be able to identify behavioral and mood shifts.

Be sure that your patient have refills of medications.

Planning is everything.

Depression and COVID-19:

fear and isolation can be very dangerous for those with depression.

Depression sufferers may have a growing sense of hopelessness or be paralyzed by their fear, leading them to neglect themselves and their health. Loneliness and fear can also be triggers for suicidal thoughts.

Coping Tips For Depression:

Two most important steps for those with depression right now are to focus on connection and self-care.

Stick with your treatment plan and be prepared Find out if your provider offers the option of a telephone or online interaction.

Remind yourself that this situation is temporary.

Creating and maintaining a daily routine will help you cope with this new, unpredictable situation and make you feel more in control.

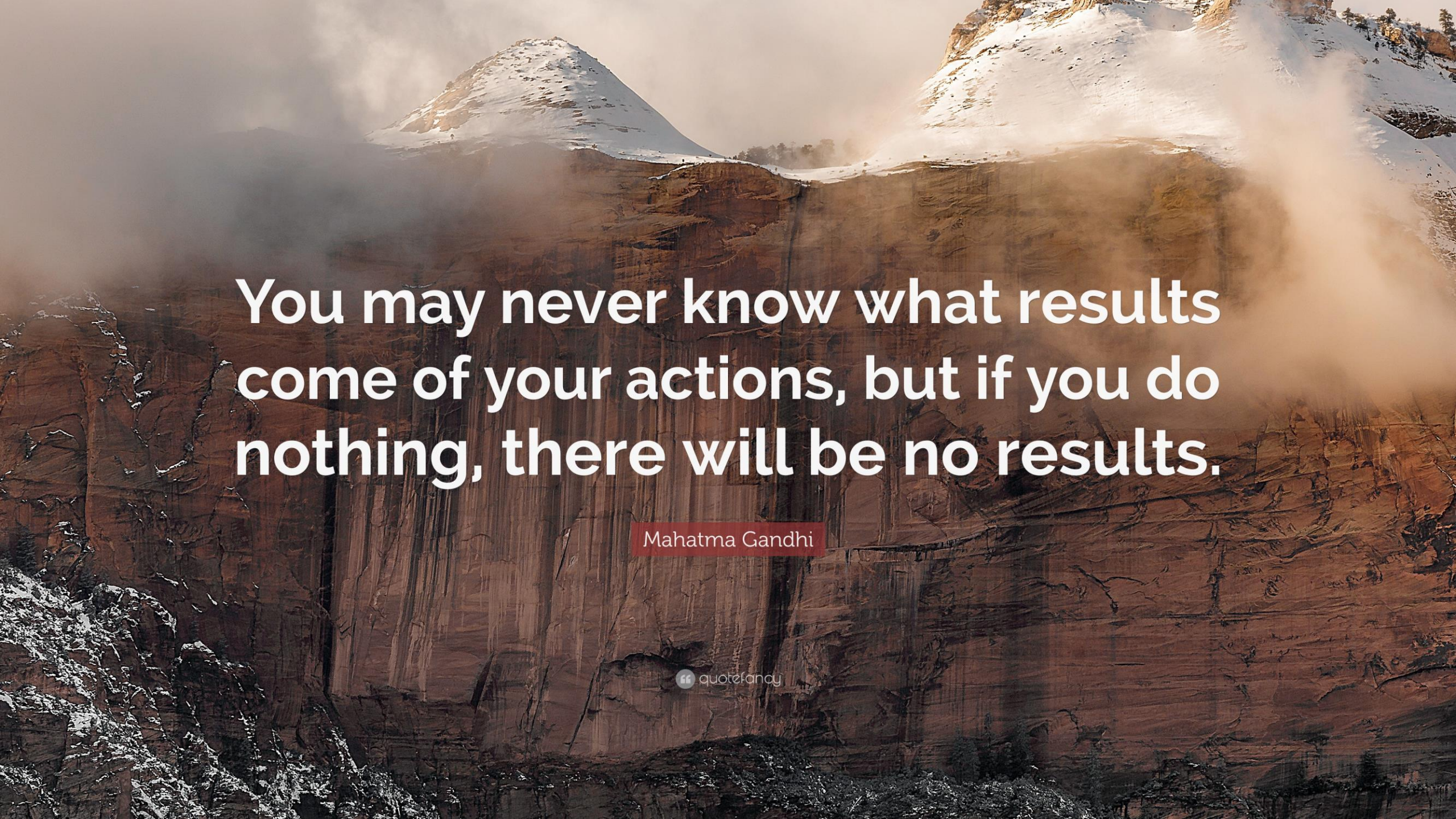
Creating and maintaining a daily routine will help you cope with this new, unpredictable situation and make you feel more in control.

Carve out blocks of time for self-care activities such as making nutritious meals, stretching, going on walks outside, and practicing breathing exercises and other helpful techniques.

If you are finding the news distressing, do your best to limit your news consumption to a few specific times during the day (e.g. about 15 minutes a day in the morning and 15 minutes a day in the evening)

for key practical information. Tune into trusted sources such as (CDC) (WHO)

Avoid watching or reading news on social media where information can be exaggerated or incorrect


You may never know what results come of your actions, but if you do nothing, there will be no results.
Mahatma Gandhi
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