



The impact of COVID-19 on persons with lived experience

18th Annual Schizophrenia Education Day
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Disclosures

Neither I nor my spouse/partner has a relevant financial relationship with a commercial interest to disclose.

Overview

- **How can COVID-19 impact mental health?**
 - Individual
 - Social
 - Community
- **Recommendations**
- **Rise of telehealth**

How can COVID-19 impact mental health?

Individual

- Emotional distress
- Substance use
- Anxiety/fear
- Physical health
- Barriers to goals
- Infection

Social

- Changes to situation
- Social or physical distancing
- Challenging relationships
- Conflicting or changing information
- Social media

Community

- Reduced or changed services
- Disparities

Individual factors

■ Emotional distress

- Can trigger psychotic symptoms
 - Reported episodes of brief psychotic disorder
- Can predict increased substance use

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Brief Psychotic Disorder During the National Lockdown in Italy: An Emerging Clinical Phenomenon of the COVID-19 Pandemic

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■ Anxiety / Fear

- Fear for self, others, or community
- Paranoia about infection
 - Anxiety and fear may lead to different safety behaviors (wearing a mask, staying at home)

■ Physical health

- Change in exercise or diet > cardiovascular health
- Less exposure to sunlight > Vitamin D
- Seeking help for physical health challenges (see our COE newsletter: October 2020 issue)

Bartel et al. (2020); D'Agostino et al., 2020; Maguire et al., (2010); Lippi et al., (2020) Belvederi Murri et al., (2013);
Van Rheenena et al., (2020); Costa et al. (2020)

Individual factors

■ Barriers to goals

- Working towards meaningful goals: employment, school, social relationships, independence
 - Creating new structures and meaning to their days
 - Call for innovation and funding
- Medication adherence
 - Warning signs may be missed
 - Difficulty getting to the clinic/pharmacy

■ Infection

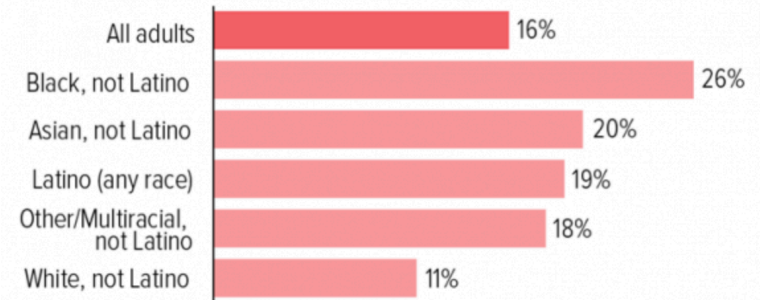
- Higher risk: living in group homes, working in public-facing or essential jobs, or caring for other family members
- Awareness of changing restrictions
- Association between psychosis and influenza infection: “psychoses of influenza”

Social factors

- **Changes to situation**
 - Financial concerns, unemployment
 - Homelessness
 - Living with family
- **“Infodemic”**
 - Overwhelming, conflicting, or changing information, e.g., use of masks
 - Social media use
- **Social (or physical) distancing**
 - Limited social interaction
 - Reports of no change in loneliness in US adults
 - Renewed sense of shared social purpose
 - May impact those with pre-existing conditions

Nearly 1 in 6 Renters Not Caught Up on Rent During Pandemic, With Black, Asian, and Latino Renters Facing Greatest Hardship

Share of adult renters saying their household is not caught up on rent



Note: Other/Multiracial, not Latino = people identifying as American Indian, Alaska Native, Native Hawaiian or Pacific Islander, or more than one race. Chart excludes renters who did not respond to the question.

Source: CBPP analysis of Census Bureau Household Pulse Survey tables for September 30 - October 12, 2020

Community factors

- **Reduced - or changes to - services**
 - Community intervention plays a key role in providing a sense of hope, encouragement, and resilience.
 - Preparation of weekly care packages of food
 - Helping members find jobs
 - Connecting members with their healthcare providers
 - Hosting virtual social groups
 - Many resources are now virtual, e.g., clubhouses, AA meetings.
 - [SAMHSA](#) has recommended virtual recovery resources such as online recovery programs, peer support and prevention hotlines.
 - [NAMI](#) released a COVID-19 information and resource guide to provide support to and addresses challenges

Community factors

■ Disparities

- More exposure due to public-facing or essential jobs
 - Study reported African Americans, males, and younger individuals were more likely to leave their homes during lockdown
- Poorer outcomes
 - Study reported that individuals with schizophrenia had increased in-hospital mortality and decreased ICU admission rate.

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Disparities in Intensive Care Unit Admission and Mortality Among Patients With Schizophrenia and COVID-19: A National Cohort Study

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Recommendations to consider

Individual

- Seeking help from family/friends and care providers
- Employ staying well techniques (e.g., exercising, reading, practicing mindfulness)
- Developing a routine/structure (esp. for winter months)
- Adhering to [CDC guidelines](https://www.cdc.gov/guidelines)

Social

- Online communication with family and friends
- Socially distanced and/or using masks in small social gatherings outdoors (e.g., walking with a neighbor)
- Developing a routine with family (e.g., “electronic-free” night to remove barriers to closeness)
- Potential reduced pressure of expectations

Community

- Engaging in virtual care or support groups.
- Increase the sense of solidarity in the community (e.g., put up holiday decorations)
- Encourage policies that strive to narrow the disparities gap.

Rise of telehealth

COVID-19 has increased the need for persons with mental health challenges to receive care and assessment remotely.

DIGITAL-ASSISTED THERAPY



Virtual mental health care:

Therapy provided over the phone or via video call.



Online intervention/support:

Interactive online community to support those with mental health challenges, including expert and/or peer support.



Virtual reality or Avatar therapy:

Face-to-face therapy with the addition of with virtual reality or an avatar (e.g., a digital representation of a distressing experience and/or symptoms) (see Craig et al., 2018).

Mobile applications:

Blended interventions:

Face-to-face therapy combined with digital support, e.g., a mobile application which prompts the use of coping strategies, learnt within therapy, in daily life (see Bell et al., 2018).

Smartphone application interventions:

Mobile apps, e.g., FOCUS app which include real-time interventions to target symptoms (see Ben-Zeev et al., 2014).



Rise of telehealth

DIGITAL-ASSISTED ASSESSMENT

Ecological Momentary Assessment (EMA)/ Experience Sampling Method (ESM):

In-the-moment assessment, defined as multiple measures occurring outside of the clinic, typically using digital technology:

Active EMA:

Responding to notifications or short surveys on a smartphone, tablet, computer, or other device.

Passive EMA:

Information collected without active responses e.g., using smart watches, Fitbit, accelerometer, GPS location, or Bluetooth.

Rise of telehealth

Benefits

- Telehealth is clinically effective
- Convenience
- Therapeutic relationship is rated similarly
- High engagement and attendance (for SMI and non-SMI)
- Easier to measure outcomes
- Higher quality feedback and outcome data
- Overcoming stigma issues

Barriers

- Credentials of providers
- Require appropriate resources, e.g., digital devices and internet connection
- Comfort with using technology
 - [DOORS: a digital health skills training program](#)
- Privacy concerns

COE quarterly newsletter



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Quarterly Newsletter: Fall 2020

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Thank you!

- You all for listening
- Organizers of today's event
- MGH Psychiatry Academy
- All those who have worked to support others throughout this pandemic

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