



Serious mental illness during a pandemic

18th Annual Schizophrenia Education Day
November 14, 2020

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Disclosures

I have the following relevant financial relationship with a commercial interest to disclose (recipient SELF; content SCHIZOPHRENIA):

- Alkermes – Consultant honoraria (Advisory Board)
- Avanir – Research grant (to institution)
- Janssen – Research grant (to institution), consultant honoraria (Advisory Board)
- Neurocrine – Consultant honoraria (Advisory Board)
- Novartis – Consultant honoraria
- Otsuka – Research grant (to institution)
- Roche – Consultant honoraria
- Saladax – Research grant (to institution)
- Elsevier – Honoraria (medical editing)
- Global Medical Education – Honoraria (CME speaker and content developer)
- Medscape – Honoraria (CME speaker)
- Wolters-Kluwer – Royalties (content developer)
- UpToDate – Royalties, honoraria (content developer and editor)
- American Psychiatric Association – Consultant honoraria (SMI Adviser)

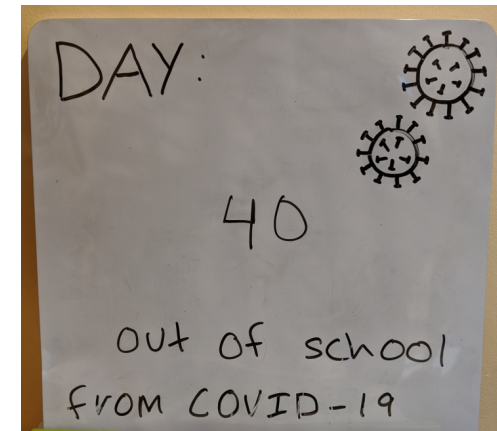


COVID-19 – A brief MA timeline

- January 20, 2020
 - First official US case in Snohomish County, WA
- **Massachusetts**
 - February 1 – Index case (Wuhan travel)
 - February 26-28 – Biogen conference
 - March 2 – Second case (Italy travel)
 - March 10 – State of Emergency
 - April 21 – Day 40 of my daughter's high school closure



March 13, 2020



April 21, 2020

Total confirmed cases	150,498
Total confirmed deaths	9,700

October 28, 2020

Sources: Wikipedia, Boston Globe, <https://mass.gov/covid-19>

<https://www.mass.gov/news/governor-baker-declares-state-of-emergency-to-support-commonwealths-response-to-coronavirus>

*<https://www.nytimes.com/2020/04/21/world/americas/coronavirus-social-impact.html>

New words we learned this year

Merriam-Webster

- COVID-19, coronavirus, nCoV, SARS-CoV-2
- SARS-CoV, MERS-CoV
- Index case, super-spreader, patient zero, contact tracing
- Social distancing, self-quarantine

Other

- PHE, PPE, N-95
- R0 (basic reproductive number)
- Hydroxychloroquine, remdesivir, convalescent serum therapy

<https://www.merriam-webster.com/words-at-play/new-dictionary-words-coronavirus-covid-19>

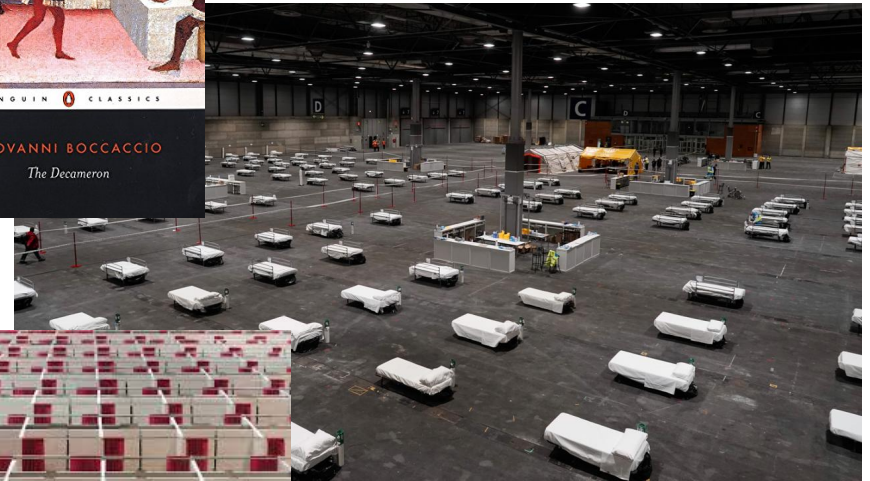
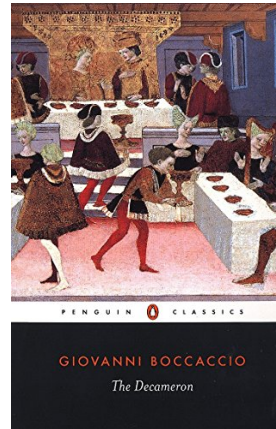
Outline

1. Pandemic management
2. Serious mental illness treatment priorities
3. Reflections

PANDEMIC MANAGEMENT

History of pandemics and outbreaks

- Plague
- Smallpox
- Flu
- HIV
- Smaller outbreaks
 - Cholera, yellow fever
- 21st Century
 - 2002 SARS
 - 2009 H1N1 swine flu
 - 2014 Ebola
 - 2015 Zika
 - 2015 MERS
 - 2019 COVID-19

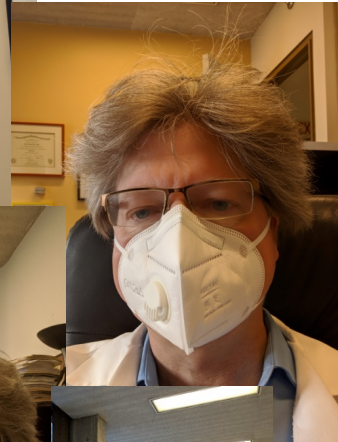


Madrid, 2020

Boston Hope, 2020

<https://www.bbc.com/future/article/20200325-covid-19-the-history-of-pandemics>
<https://www.visualcapitalist.com/history-of-pandemics-deadliest/>

Pandemics really do change how we live



March 5, 2020

March 21, 2020

April 21, 2020



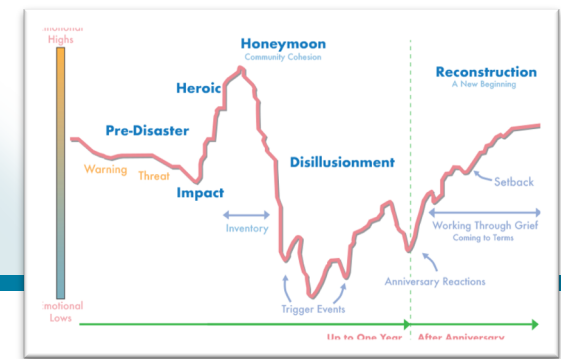
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PSYCHIATRY ACADEMY

www.mghcme.org

General pandemic management

- **Phases**
 - Pre-disaster, impact, heroism, honeymoon, disillusionment, reconstruction
- **Comprehensive outbreak response**
 - 1) Coordinating responders
 - 2) Health information
 - 3) Communicating risk
 - Manage infodemics
 - Translate facts into understandable language
 - 4) Health interventions
- **Incident management system**



<https://www.samhsa.gov/dtac/recovering-disasters/phases-disaster>

<https://www.who.int/emergencies/diseases/managing-epidemics-interactive.pdf>

<https://medium.com/institute-for-the-future/to-protect-democracy-we-need-to-upgrade-our-cognitive-immunity-a555d5f57936>

Disasters and mental health

- Prolonged stress
 - Chaos, uncertainty, fear, grief, guilty
 - Loss of income, housing, health insurance
 - Death
- Expectable, normal reactions
 - Stress-induced anxiety or insomnia
 - Health behaviors: increase in alcohol use, interpersonal conflict
- Clinical syndromes
 - New syndromes
 - Worsening of existing syndromes
- Large resources and community coordination needed²
 - Case study: Project Liberty after 9/11
 - Prevent system from contracting
 - Larger psychological than medical footprint

US survey in June 2020³

31% anxiety/depressive symptoms
26% trauma/stress-related symptoms
11% serious consideration of suicide
13% started or increased substance use

The long-term consequences of this pandemic are unknown are unknown.

Pandemic is a communication emergency

Infodemic

- Limit exposure to the vector called media
- Identify reputable sources
- Develop “cognitive immunity”

Large psychological footprint

- Psychological impact larger than medical impact
- Risk perception determines behavior

**Communication emergency
and
Medical crisis**

Challenges for psychiatry

- **Acute care**
 - Difficult assessments
 - Disposition
- **Outpatient care**
 - Skeleton crews in clinics
 - Loss of structure for patients due to program closures
 - Loss of information in telehealth
 - Not all patients have access to telehealth
- **Inpatient and institutional care**
 - Poor architecture for infection control, overcrowding
 - Infection control: social distancing, restraint
 - Preventing all units becoming COVID-19 units: screening
 - Preventing an institution from getting infected: no visitors
 - Family involvement
 - Workforce shortage
 - Therapeutic offerings (group therapies, open wards)
 - Aftercare transition (programs closed, clozapine, LAI)
- **Staff concerns**
 - Safety
 - Lack of PPE
 - Training (zoom)
 - Chaos: competing demands, constantly shifting guidance, uncertain planning
 - Legal uncertainty
 - Psychiatric seclusion versus infection control, privacy
 - Patient rights versus protection of
 - Care coordination between services that may not exist

It all hangs together:
COVID-19 uncovered
what we already knew...

SMI TREATMENT PRIORITIES

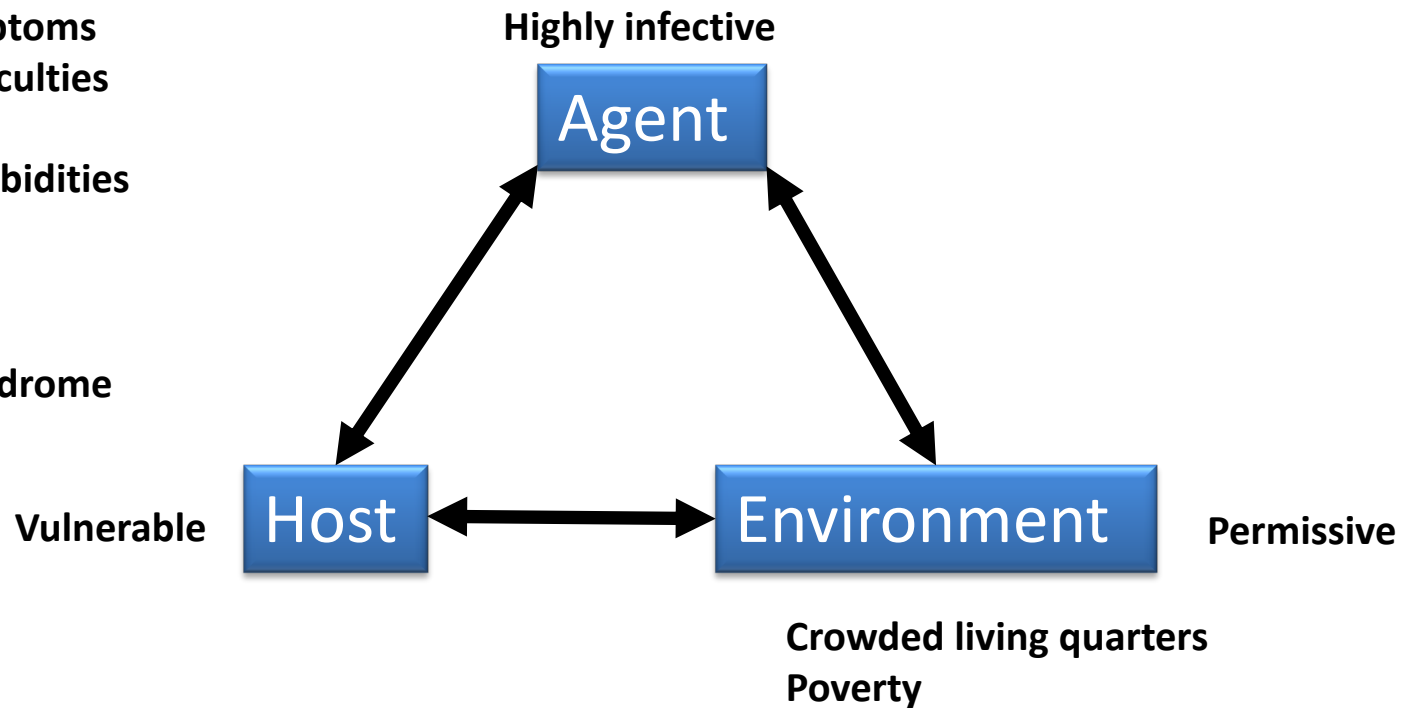
“Tragic” epidemiologic triad of SMI and COVID-19

Psychiatric illness

- Acute psychosis/mania
- Disorganization
- Negative symptoms
- Cognitive difficulties

Medical comorbidities

- Obesity
- Smoking
- Lung disease
- Metabolic syndrome



Freudenreich O et al. Current Psychiatry. 2020;19(9):24-39.

www.mghcme.org

Priorities

- Preventing spread
 - Stay up-to-date
 - Speak up and be involved
- Preventing medical mortality
 - Smoking cessation
 - Continue to address medical comorbidities during COVID-19!
- Preventing disengagement and psychiatric crises
 - Assure treatment to prevent relapse
 - Essential treatments: antipsychotics for schizophrenia
 - Special considerations: clozapine and long-acting injectable antipsychotics
 - Provide support to mitigate effects of social isolation
 - Preserve care access and continuum of care

Sine qua non
Keep people engaged in care.

Treatment as prevention!

<http://psychnews.org/update/5b13.html>
Zhou J. Am J Psychiatry. 2020;177(7):574-5.

Clozapine use during COVID-19

- Consensus statement on the use of clozapine during the COVID-19 pandemic¹
 - REC #1: Criteria for up to 90-day clozapine supply
 - REC #2: Evaluate for any new infection
 - REC #3: Consider reducing clozapine dose during infection
- Consistent with FDA guidance²
- Endorsed by many states including MA and countries
- Pay attention to differential diagnosis!³

¹Siskind D et al. J Psychiatry Neurosci. 2020 Apr 3;45(4):200061. doi: 10.1503/jpn.200061.

²<https://www.fda.gov/media/136317/download>

³Dotson S et al. Psychosomatics. 2020;61(5):577-578.

LAI use during COVID-19

Ideally, patients should be seen as infrequently as medically prudent *in-person* during this public health emergency, to limit the possibility of exposure (both patients and staff)

- Outpatient clinic
 - Have a plan how to continue giving injections
 - Make a spread sheet (population-based management)
 - Who can do it and where?
 - Every patients needs to have an individual plan: stay, switch LAIs, switch to oral
 - Develop optimal mixture between in-person contact and telepsychiatry
 - Plan on resuming metabolic monitoring
- Inpatient setting
 - Consider initiating LAI during hospitalization
 - Plan to give patient injection on day of discharge
- Emergency room
 - May be an option but only *if everything else fails*

Harm reduction approach for patients unlikely to be adherent after discharge

Reduce changes of gap in antipsychotic coverage during transition of care

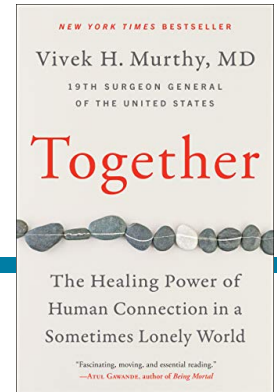
Schnitzer K et al. Current Psychiatry. 2020 (in press).

https://smiadviser.org/knowledge_post/

what-are-clinical-considerations-for-giving-lais-during-the-covid-19-public-health-emergency



Loneliness



- Increased mortality (HR 1.22)^{1,2}
- Loneliness in SMI^{3,4} “This has been my life all along.”
 - Natural state of being for patients with schizophrenia
 - Negative symptoms [asociality – lack of social drive] may be protective
 - Impaired social cognition may contribute
 - Social determinants of health and stigma
 - Impairs quality of life
 - Exacerbated by social distancing
- Treatment
 - NB: self-treatment with alcohol⁵
 - Proactive outreach and accompaniment
 - Quality not quantity of social support

¹Rico-Uribe LA et al. PLoS One. 2018 Jan 4;13(1):e0190033. ²Holt-Lunstad J et al. Am Psychol. 2017 Sep;72(6):517-530.

³Michalska da Rocha B et al. Schizophr Bull. 2018 Jan 13;44(1):114-125.

⁴Eglin GM et al. PLoS One. 2018 Mar 22;13(3):e0194021. ⁵Pettersen H et al. Int J Qual Stud Health Well-being. 2013 Dec 20;8:21968.
<https://time.com/5833681/loneliness-covid-19/>

Supportive psychotherapy during COVID-19

- Education
 - Risk and risk perception
 - Terms and how to apply them
- Manage anxieties
 - Use pharmacotherapy as support
 - Dose adjustment: not the time for low-dose approach
 - Helpful to have TDM
 - Judicious use of ancillary psychotropics
 - Use proactive crisis intervention, before a crisis
 - More frequent contacts (MD, social work, psychologists)
 - Use telepsychiatry
- Problem-solving and concrete help
 - Filling out forms

Social distancing =
Physical distancing
NOT: emotional distancing

Telehealth and SMI

Telemedicine is currently
STANDARD OF CARE
unless contact is needed.

- Facts
 - MGH Psychiatry went from less than 5% telehealth to almost 100% telehealth in a few weeks
 - Regulatory barriers (reimbursement, licensure, privacy) were removed
- Benefits
 - Often surprisingly easy for both sides, regardless of type of patient
 - Patients quite thankful for contact from clinic
 - More convenient: you literally meet patients where they are at
 - More economic and efficient
- Downsides
 - You cannot use all your senses to evaluate patients
 - Not all patients have access to telehealth (**digital divide**)
 - Some psychiatric procedures require in-person contact (ECT, LAIs, blood work)
 - Privacy and other regulatory concerns like consent
 - Long-term effectiveness unclear

<https://ps.psychiatryonline.org/editorschoice/>

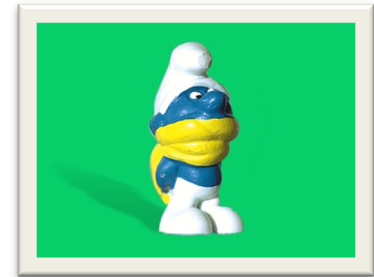
[considerations-for-telepsychiatry-service-implementation-in-the-era-of-COVID-19](#)

Torous J et al. JMIR Ment Health. 2020 Mar 26;7(3):e18848. Shalev D and Shapiro PA. Gen Hosp Psychiatry. 2020 Apr 3;64:68-71.

<https://smiadviser.org/wp-content/uploads/2020/04/How-to-Prepare-for-a-Video-Appointment.pdf>

Concrete steps for making it through COVID-19

- Stay informed
 - Limit media exposure
 - Use reputable sources
- Do infection control right
 - Correct mask wearing
- Monitor your alcohol use
- Stop smoking now
- Plan for the fall
 - Get flu shot
 - Resume routine health care
- Plan for the worst
 - Get contact information in order
 - Think about how to get medication but do not hoard
 - Crisis plan (Psychiatric Advance Directive [PAD])
 - Discuss end-of-life care

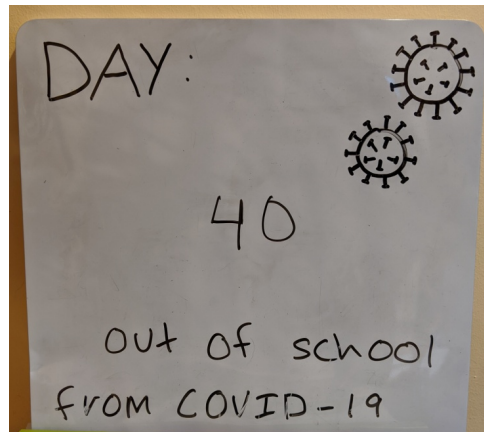


REFLECTIONS

The return of social medicine



March 13, 2020



April 21, 2020



Rudolf Virchow



„Die Medizin ist eine soziale Wissenschaft, und die Politik ist nichts weiter als Medizin im Großen.“

- Rudolf Virchow, 1821-1902

Contributors to poor outcomes

- Unresponsive biology

Health disparities in society are magnified during COVID-19.

- Time spent psychotic, in hospitals, or idle at home
- Poor access to treatment and no care
- Substandard psychiatric care
- Poor engagement in ongoing care and poor adherence
- Substance use
- Comorbid medical disorders
- Multiple social determinants of health

“Building back better”

“All organizations are perfectly designed to get the results they get!”

- Don Berwick, MD (and others)



**Emergency reforms
been enacted.**



Per aspera ad astra



Disillusionment



What will our new normal feel like?

“It was the first winter that you realized that this is going to last, this is your life. And somehow you live. Just like people are adapting to the situation now.”

Velibor Bozovic recalls the 1990s siege of Sarajevo

Deliberate resilience building

- Deliberate resilience building – not innate and fixed
- Emphasize shared mission and camaraderie
- Counteract helplessness
 - Make infection control a ritualized practice
- Avoid the victim narrative
 - Embrace post-traumatic growth mindset
 - Embrace *some* element of Stoic acceptance*
- Pay attention to self-care for endurance
 - Rest, nutrition, exercise
- Practice self-compassion
 - Self-kindness, common humanity, and mindfulness

Pfefferbaum B and North CS. NEJM. April 13, 2020.

Rosenberg AR. JAMA Pediatr. April 14, 2020. [Deliberate resilience building]

Chen Q et al. Lancet Psychiatry. 2020;7(4):e15-e6. Lisa Rosenbaum. NJEM. April 1, 2020.

*<https://mailchi.mp/6eb3cd2bdd/mgh-coe-quarterly-spring-13074552?e=d2b5806e20>

Accompaniment and solidarity

Simply walk together.

- ✓ **Next to each other**
- ✓ **Not behind of**
- ✓ **Not in front of**

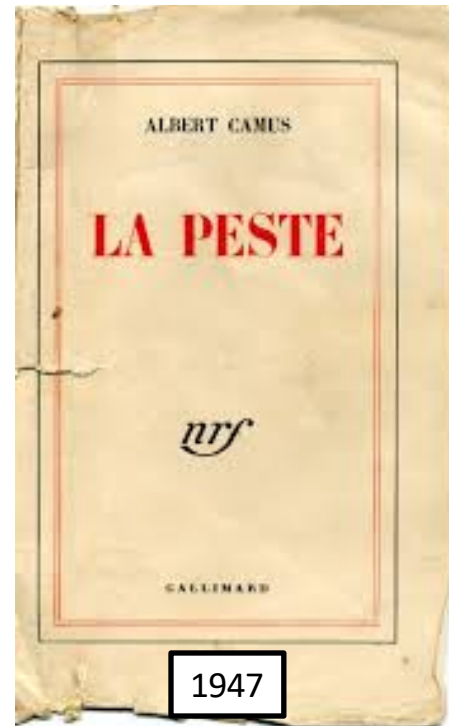
<https://www.pih.org/article/accompaniment-could-be-the-key-to-reforming>

Albert Camus

‘This whole thing is not about heroism. It’s about decency. It may seem a ridiculous idea, but the only way to fight the plague is with decency.’

‘In general, I can’t say, but in my case I know that it consists in doing my job.’

- Doctor Bernard Rieux



Thank you!

Websites

APA SMI Adviser project. <https://smiadvise.org/>

Articles

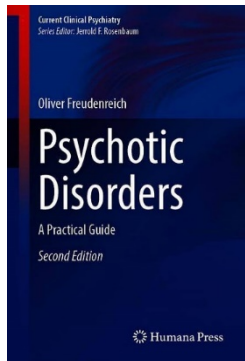
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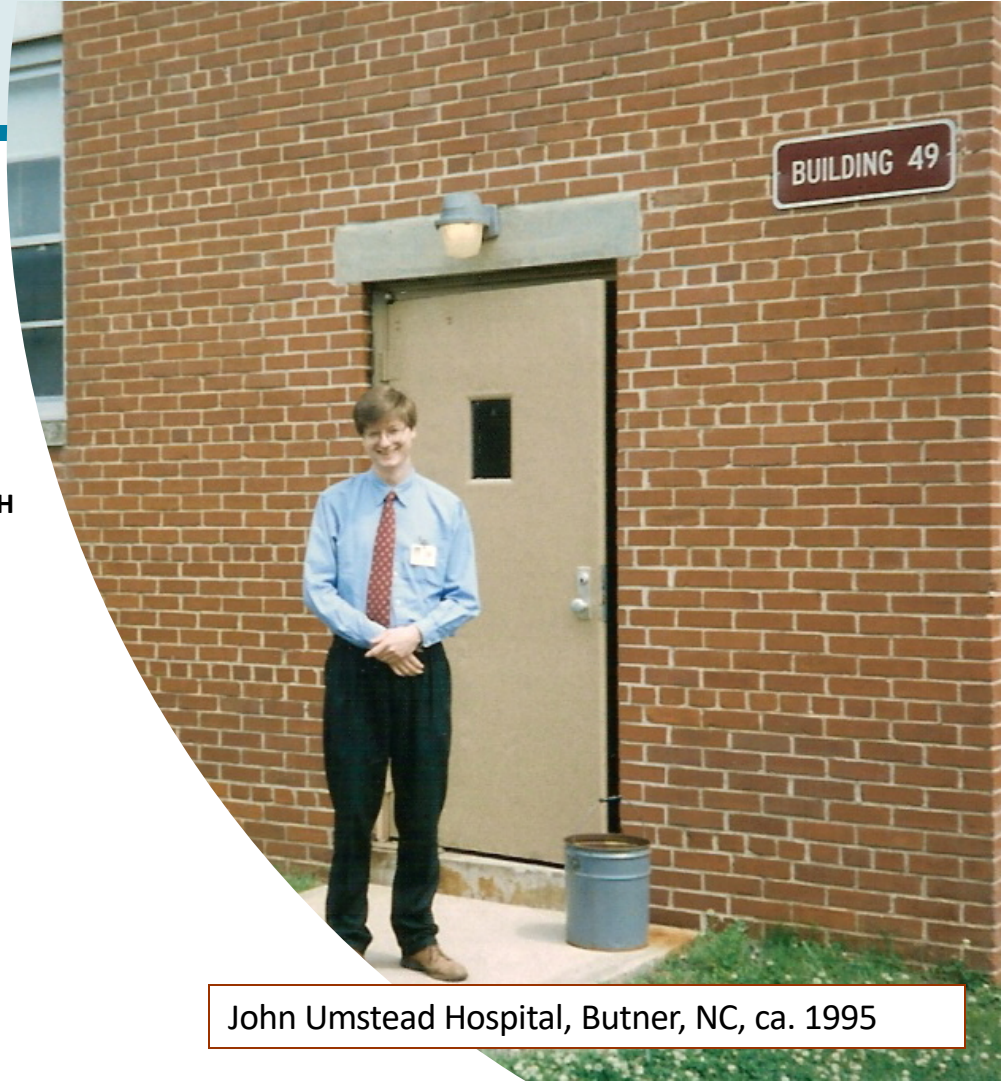
<https://mailchi.mp/6eb3cd2bdd/mgh-coe-quarterly-spring-13074552?e=d2b5806e20>

Book

Freudenreich, O. (2020). *Psychotic disorders. A practical guide* (2nd edition). Humana Press/Springer Verlag.



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John Umstead Hospital, Butner, NC, ca. 1995