

Ongoing Resources List

Resources from today's session and past sessions can be found in our ongoing resources list:

<https://iecho.unm.edu/sites/uidaho/download.hns?i=440>

Behavioral Health

- Tips for Coping with the COVID 19 Pandemic
 - Amy Walters, PhD; St. Luke's Humphreys Diabetes Center
- Coronavirus Anxiety Workbook

Provider Self-Care

- Resources for Providers in Coping with COVID-19 Pandemic:
 - American Psychological Association Division of Health Psychology compiled by Amy Walters, PhD

Pediatric Considerations

- Coronavirus coloring book
- The Story of the Oyster and the Butterfly: The Corona Virus and Me
- COVID-19 Parent Handout, National Association of School Psychologists

Today's Agenda

Time (MT)	Presentation	Presenter(s)
1 – 1:05 pm	Welcome, Announcements, Introductions	Lachelle Smith, Director, ECHO Idaho
1:05 – 1:10 pm	Idaho Epidemiology Curves and Public Health Updates	Carolyn Buxton Bridges, MD FACP
1:10 – 1:25 pm	Addressing Emotional Needs of Patients	Amy Walters, PhD
1:25 – 1:40 pm	Addressing Emotional Needs of Providers	India King, PsyD
1:40 – 1:50 pm	Q&A	India King, PsyD Amy Walters, PhD Carolyn Buxton Bridges, MD FACP Andrea Christopher, MD MPH Megan Dunay, MD MPH
1:50 – 2:00 pm	Closing, Announcements, Call to Action	Megan Dunay, MD MPH Lachelle Smith, Director, ECHO Idaho

Behavioral Health in the Time of COVID-19: Patients and Providers

May 1, 2020

India King, PsyD

Amy Walters, PhD

Carolyn Buxton Bridges, MD FACP

Andrea Christopher, MD MPH

Megan Dunay, MD MPH

Idaho Epidemiology Curves and Public Health Updates

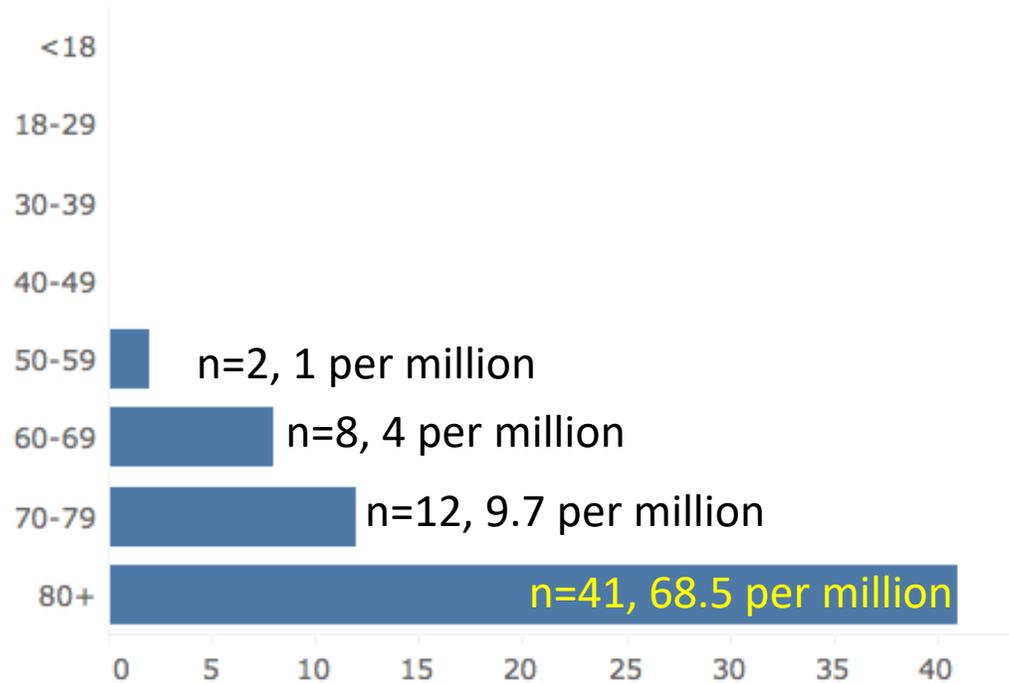
Carolyn Buxton Bridges, MD, FACP

Governor's Coronavirus Working Group, Former CDC Public Health Physician and Researcher

Case Counts and SARS-CoV-2 PCR Testing in Idaho



Lab Confirmed COVID-19-related Deaths in Idaho
by Age-Group



- Lab-confirmed and probable cases: 2,015
- Deaths: 63 (3.1%)
- At least 178 (8.8%) hospitalized
- At least 75 (3.7%) ICU, ~42% of hospitalized in ICU
- At least 254 (12.6%) HCP
- Number of people tested: 29,070

<https://coronavirus.idaho.gov>.

Rebound Idaho Criteria, April 23, 2020

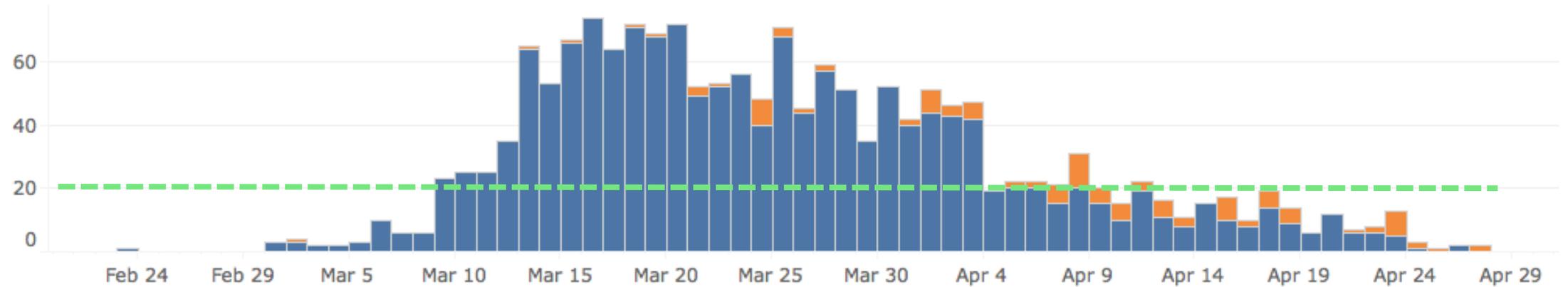
<https://rebound.idaho.gov/stages-of-reopening/>

- Epi/capacity criteria required to move to next stage –
See website for details
 - Epidemiology data examples
 - Downward trend or <20/day on average over 14 days lab confirmed COVID-19 cases
 - Downward trend or <20/day on average over 14 days ED visits for suspected COVID-19 cases
 - Patient care and healthcare worker
 - No crisis standard of care required
 - At least 50 available (unused) ventilators, 50 ICU beds, and available 10-day supply of N95 masks, surgical masks, face shields, gowns, and gloves
 - Robust testing program for at-risk healthcare workers



COVID-19 Cases by Date of Onset and Emergency Department Visits for COVID-like Illness, Idaho

COVID-19 by Date of Onset



Number of Emergency Department Visits for COVID-Like Illness



Updated Testing Guidance from CDC – HCP Return to Work

Exclusion extended from 7 to at least 10 days since symptoms first appeared.

Symptomatic HCP with suspected or confirmed COVID-19:

- *Symptom-based strategy.* Exclude from work until:
 - At least 3 days (72 hours) have passed *since* resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
 - At least 10 days have passed *since symptoms first appeared*
- *Test-based strategy.* Exclude from work until:
 - Resolution of fever without the use of fever-reducing medications **and**
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
 - PCR negative from at least two consecutive NP swabs ≥ 24 hours apart

HCP with laboratory-confirmed COVID-19 with no symptoms:

- *Time-based strategy.* Exclude from work until:
 - 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If symptoms develop, follow strategy above.
- *Test-based strategy.* Exclude from work until:
 - PCR negative from at least two consecutive NP swabs ≥ 24 hours apart

Reminder: detecting viral RNA via PCR does not necessarily mean that infectious virus is present.

Updated Testing Guidance from CDC – Testing Priorities

Major change – now includes some persons with no symptoms

PRIORITIES FOR COVID-19 TESTING (Nucleic Acid or Antigen)

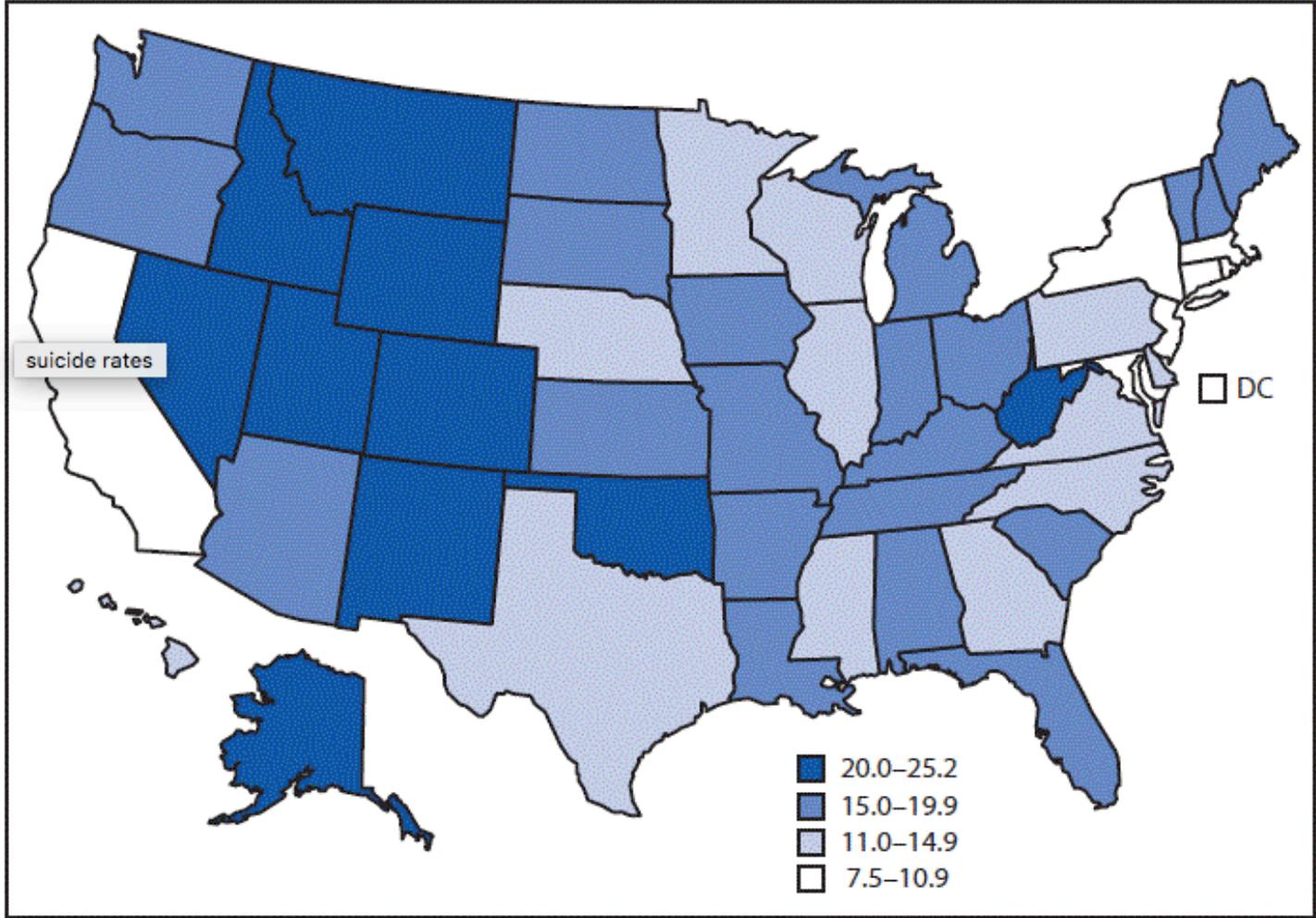
- **High Priority**

- Hospitalized patients
- Healthcare facility workers, workers in congregate living settings, and first responders **with** symptoms
- Residents in LTCF or other congregate living settings, including prisons and shelters, **with** symptoms
- Persons identified through public health cluster and selected contact investigations

- **Priority**

- Persons **with** symptoms of potential COVID-19 infection, including: fever, cough, shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea and/or sore throat
- Persons **without** symptoms who are prioritized by health departments or clinicians, for any reason, including but not limited to: public health monitoring, sentinel surveillance, or screening of other asymptomatic individuals according to state and local plans.

QuickStats: Age-Adjusted Suicide Rates,^{*,†} by State — National Vital Statistics System, United States, 2018. *Weekly MMWR 2020;69(17):529.*



Deaths per 100,000 population are age-adjusted to the 2000 U.S. standard population.

“In 2018, the U.S. suicide rate was 14.2 per 100,000 standard population, with rates varying by state. The five states with the highest age-adjusted suicide rates were Wyoming (25.2), New Mexico (25.0), Montana (24.9), Alaska (24.6), and Idaho (23.9). The five jurisdictions with the lowest suicide rates were the District of Columbia (7.5), New Jersey (8.3), New York (8.3), Rhode Island (9.5), and Massachusetts (9.9).”

Addressing Emotional Needs of Patients

Amy Walters, PhD

Health Psychologist and Director of Behavioral Health Services, St. Luke's Humphrey's Diabetes Center

Challenging Times Full of Change and Uncertainty

Mind interprets situation as threat -responds with nervous system activation

- We are experiencing a ***normal*** response to an ***abnormal*** event
 - Normalize reactions
 - Avoid pathologizing symptoms
 - Build coping skills
 - Connect to resources



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Signs of Normal Distress Response

Physical: Tired, exhausted, poor sleep, nightmares, appetite problems

Cognitive: Ruminating, poor attention/concentration, confusion, forgetful, “what if?”

Behavioral: Decreased libido, socially withdrawn, avoiding talking about the stressor, drug and alcohol use

Emotional: Irritability, easily frustrated, fear of losing control/attempts to maintain control

Spiritual: Questioning belief, hyper-religious, lack of trust, feeling abandoned by beliefs

Frequency and duration dissipate over time - resurgence of symptoms is normal

Clinical Observations: Reactions to the pandemic



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Uncertainty, disruption to routine – worry & grief/loss

3 areas impact: *social, psychological, economic*

- *anxiety, irritability, anger and depression*
- *insomnia and sleep disturbance*
- *family conflict*
- *loneliness/isolation*
- *fatigue*
- *poor health behaviors (reduced activity, emotional eating)*

Psychology of COVID Survivors: Society 4/20

British Psychological

Psychological aspects of recovery include:

- Anxiety
- Low mood
- Fear of further illness and hyper-vigilance to bodily symptoms
- Nightmares or flashbacks
- Poor sleep
- Impaired memory functioning
- Effects on attention, mental processing speed and executive function
- Fear of stigma and impact of social isolation

Build Resilience

Research suggests those that possess this quality fare better during times of adversity and threat

- Adaptability
- Optimism
- Psychological Flexibility

resilience:

"an ability to recover from or adjust easily to misfortune or change."

—Merriam-Webster Dictionary



Support Health Coping

- Media exposure: small doses, reliable sources
- Create routine & schedule
- Practice daily movement
- Maintain social connections
- Plan simple pleasures daily
- Practice daily relaxation and self-soothing activities
- Avoid catastrophic, obsessive or ruminating thoughts
- Practice Mindfulness
- Discuss concerns, practice active listening
- Practice psychological flexibility
- Engage in creative expression
- Let go of perfection
- Have family conversations about expectations
- Build hope and optimism
- Take time for activities you seldom have time to do
- Connect with your values

Addressing Emotional Needs of Providers

India King, PsyD

Clinical Psychologist and Associate Director of Behavioral Sciences, FMRI Nampa

Health Care Providers: What we know

2003 SARS Outbreak

- Increased burnout
 - (30% v 19%)
- Increased alcohol & tobacco use
 - (21% v. 8%)
- Not clearly related to increased mental health diagnosis
- Rest/sleep might be biggest impacted area

(Maunder et al., 2003 & Maunder et al., 2008)

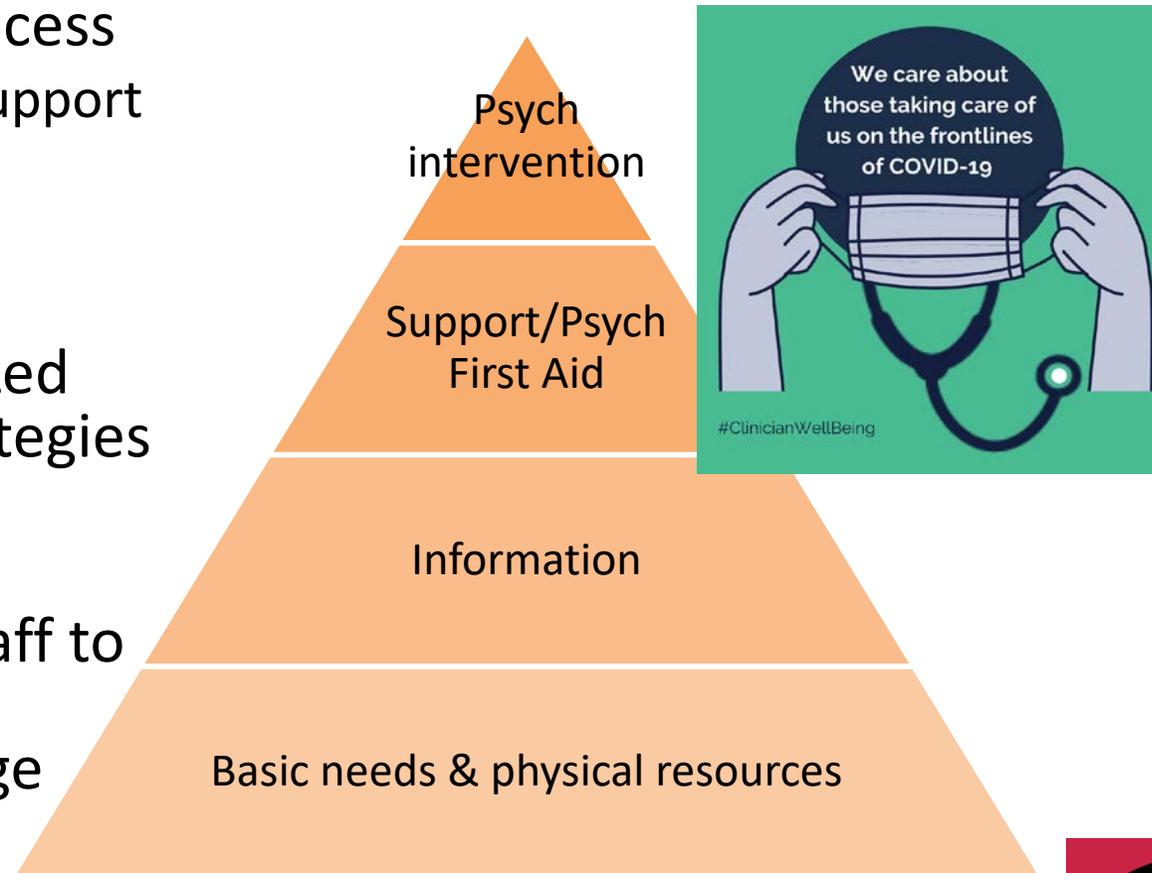
Initial COVID-19 Reports

- Physical needs first
- Tools to manage emotional distress in colleagues & patients

(Chen et al., 2020)

Health Care Providers: Organizational Strategies

- Internal Support Process
 - Leverage existing support networks
- Support access to physical needs
- Clear, direct, organized communication strategies
 - Central information access point
- Provide space for staff to share feedback & organizational change

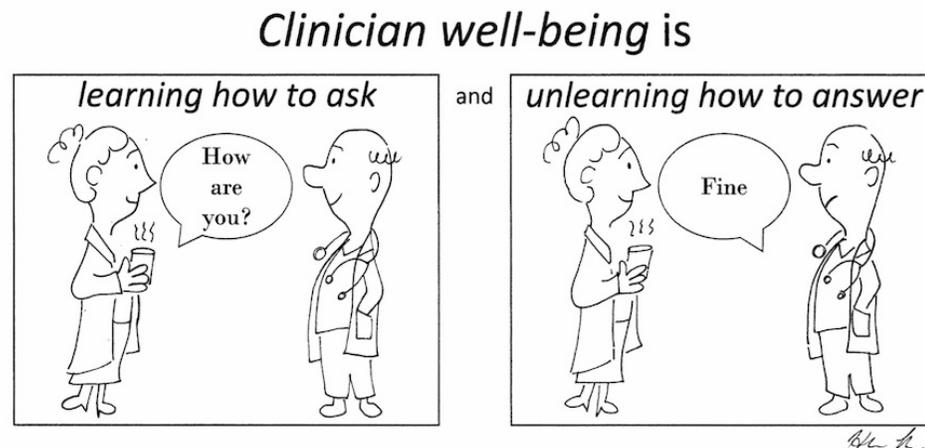


(BPS, March 2020)

<https://nam.edu/initiatives/clinician-resilience-and-well-being/clinician-well-being-strategies-during-covid-19/>

Health Care Providers: Peer to Peer Strategies

- Awareness of available resources
- Support interpersonal connections
- Reflections versus problem-solving
- Challenge guilt and shame: a note on moral injury



(BPS, 2020 & Brymer et al., 2006)

<https://nam.edu/expressclinicianwellbeing/#/artwork/24>

Health Care Providers: Moral Distress/Injury

“In traumatic or unusually stressful circumstances, people may perpetrate, fail to prevent, or witness events that contradict deeply held moral beliefs and expectations”

It sounds like you are being really hard on yourself about what happened.

It seems like you feel that you could have done more.

It sounds like it is easier to see different options now that you are outside of the situation.

How could you look at the situation that would be less upsetting and more helpful?

Health Care Providers: Personal Strategies

Behavioral

- Sleep
- Reliance on substances
- Exercise
- Schedule breaks
- Relaxation
- Eat & hydrate

Interpersonal

- Connect with colleagues & support system
- Mission versus person-driven

Cognitive

- Challenge “should” and guilt statements
- Mindfulness

Spiritual

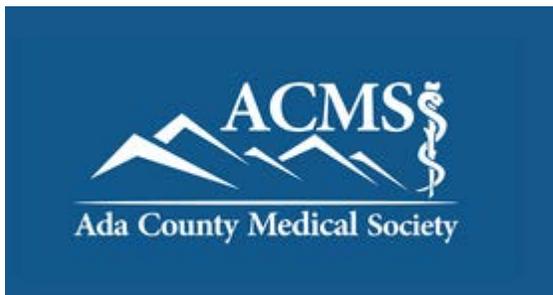
- Values connection
- Engagement in spiritual practice

Emotional

- Self-compassion
- Shared emotional reality

Key Points

- These are unprecedented times – normal response to abnormal situation
- Patients and providers will experience distress
 - Normalize
 - Build resilience and coping skills
 - Connect to resources



<https://www.adamedicalsociety.org/vvp-therapists>

Ada/Elmore county licensed physicians, PA, NP – up to three apts no cost

OR

All currently licensed physician, PAs, NP in Idaho who are an IMA members

Physician Support Line
Free Confidential Peer Support Line by
Volunteer Psychiatrists for US Physician Colleagues
during the COVID19 Pandemic

1-888-409-0141
NOW LIVE

7 days a week
8am - 12am EST

www.physiciansupportline.com

Medscape

The advertisement features a dark blue background with a silhouette of a person standing in a hallway. The text is white and yellow, providing contact information for a peer support line.

Magellan Healthcare COVID-19 Response



To address the mental health and emotional well-being concerns of our nation's first responders and healthcare workers, Magellan Healthcare has opened a hotline that will be answered by our certified, licensed mental health clinicians.

Call 1-800-327-7451 (TTY 711) if you need to talk.

Idaho
Suicide
Prevention
Hotline

Feeling Down? Call or Text:
(208) 398-HELP [4357]

The logo for the Idaho Suicide Prevention Hotline features the letters "ISPH" in large, colorful circles (orange, green, blue) with a sunburst behind the "I" and a telephone handset icon behind the "H".

FREE, Confidential, and Always Available
Help a loved one, friend, or yourself. You don't have to be suicidal to use the Hotline; anyone is welcome.

ECHO IDAHO



References

APA

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FACE COVID ACT <https://www.youtube.com/watch?v=BmvNCdpHUYM> [yoUtube.com]

Murphy, D (et al) (2020). Meeting the psychological needs of people recovering from severe Covid-19; British Psychological Society; 16.04.2020

National Academy of Medicine

<https://nam.edu/initiatives/clinician-resilience-and-well-being/clinician-well-being-strategies-during-covid-19/>

Chen et al. (2020). Mental health care for medical staff in China during the COVID-19 outbreak, *The Lancet Psychiatry*, 7, April 2020.

Maunder et al. (2003). The immediate psychological and occupational impact of the 2003 SARS outbreak in a teaching hospital, *Canadian Medical Association Journal*, 168(10).

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Highfield et al. (March, 2020). *The psychological needs of healthcare staff as a result of the Coronavirus pandemic*. Guidance from the British Psychological Society Covid 19 Staff Welbeing Group.

Brymer et al. (National Child Traumatic Stress Network and National Center for PTSD), *Psychological First Aid: Field Operations Guide*, 2nd Edition. July, 2006. Available on: www.nctsn.org and https://www.ptsd.va.gov/professional/treat/type/psych_firstaid_manual.asp

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Q&A

India King, PsyD, Clinical Psychologist, FMRI Nampa

Amy Walters, PhD, Health Psychologist, St. Luke's Humphrey's Diabetes Center

Carolyn Buxton Bridges, MD Retired CDC, Governor's Coronavirus Workgroup

Andrea Christopher, MD MPH, Internist, Boise VA

Megan Dunay, MD MPH, Geriatrician, Boise VA

COVID-19 ECHO More to come...

Tuesday, May 5: Noon to 1 p.m. MST

- **Moving Forward, Moving Targets: Recovery and Rebound**
 - How do we plan for recovery and rebound in our practices and healthcare systems?
 - What does this mean for patient care?
 - Where do we find relevant information to inform our clinical decision-making?

Wednesday, May 6: Noon to 1 p.m. MST

- **Facing a Pandemic: Practical Steps Using the Principles of Acceptance and Commitment Therapy (ACT)** by Jeremy Stockett, LCSW St. Luke's Psych Wellness
(ECHO Idaho: Behavioral Health in Primary Care Series)
- **COVID-19 ECHO Sessions Tuesdays only**