Psychosocial Consequences of COVID-19 Pt.1

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DFAPA

Interprofessional Continuing Education

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A commercial interest is any entity producing marketing, re-selling, or distributed health care good and services consumed by, or used on, patients.

Background

- COVID-19 pandemic has caused several disruptions in personal and collective lives worldwide
- The uncertainties surrounding the pandemic have also led to multifaceted mental health concerns
- These can be exacerbated with precautionary measures such as social distancing and self-quarantining
- There are also societal impacts such as economic downturns
- This talk will focus mostly on psychiatric consequences of COVID-19
- I will be back for part 2 later this year focusing mostly on social issues

Learning Objectives

- Understand Mental Health Issues and Stress reactions to the pandemic
- Explain the Stresses healthcare workers have faced during the COVID-19 pandemic
- Review and describe how COVID-19 has created a “mental health tsunami”
- Identify its whole body and psychiatric consequences
- Review ideas of how to address psychiatric consequences
- Identify and discuss practical solutions for healthcare professionals and patients to address these issues

3D print of SARS-CoV-2

Coronaviruses

- There are hundreds of coronaviruses, most of which circulate among such animals as pigs, camels, bats and cats
- Sometimes those viruses jump to humans—called a spillover event—and can cause disease
- Four of the seven known coronaviruses that sicken people cause only mild to moderate upper-respiratory tract illnesses, like the common cold
- However, three new coronaviruses have emerged from animal reservoirs over the past two decades to cause serious and widespread illness and death
- Before the COVID-19 pandemic, coronaviruses caused two noteworthy outbreaks: severe acute respiratory syndrome (SARS), starting in 2002, and Middle East respiratory syndrome (MERS), starting in 2012

Novel Coronaviruses

- SARS coronavirus (SARS-CoV) emerged in November 2002 and caused severe acute respiratory syndrome (SARS). That virus disappeared by 2004.
- Middle East respiratory syndrome (MERS) is caused by the MERS coronavirus (MERS-CoV). Transmitted from an animal reservoir in camels, MERS was identified in September 2012 and continues to cause sporadic and localized outbreaks.
- The third novel coronavirus to emerge in this century is called SARS-CoV-2. It causes coronavirus disease 2019 (COVID-19), which emerged from China in December 2019 and was declared a global pandemic by the World Health Organization on March 11, 2020.

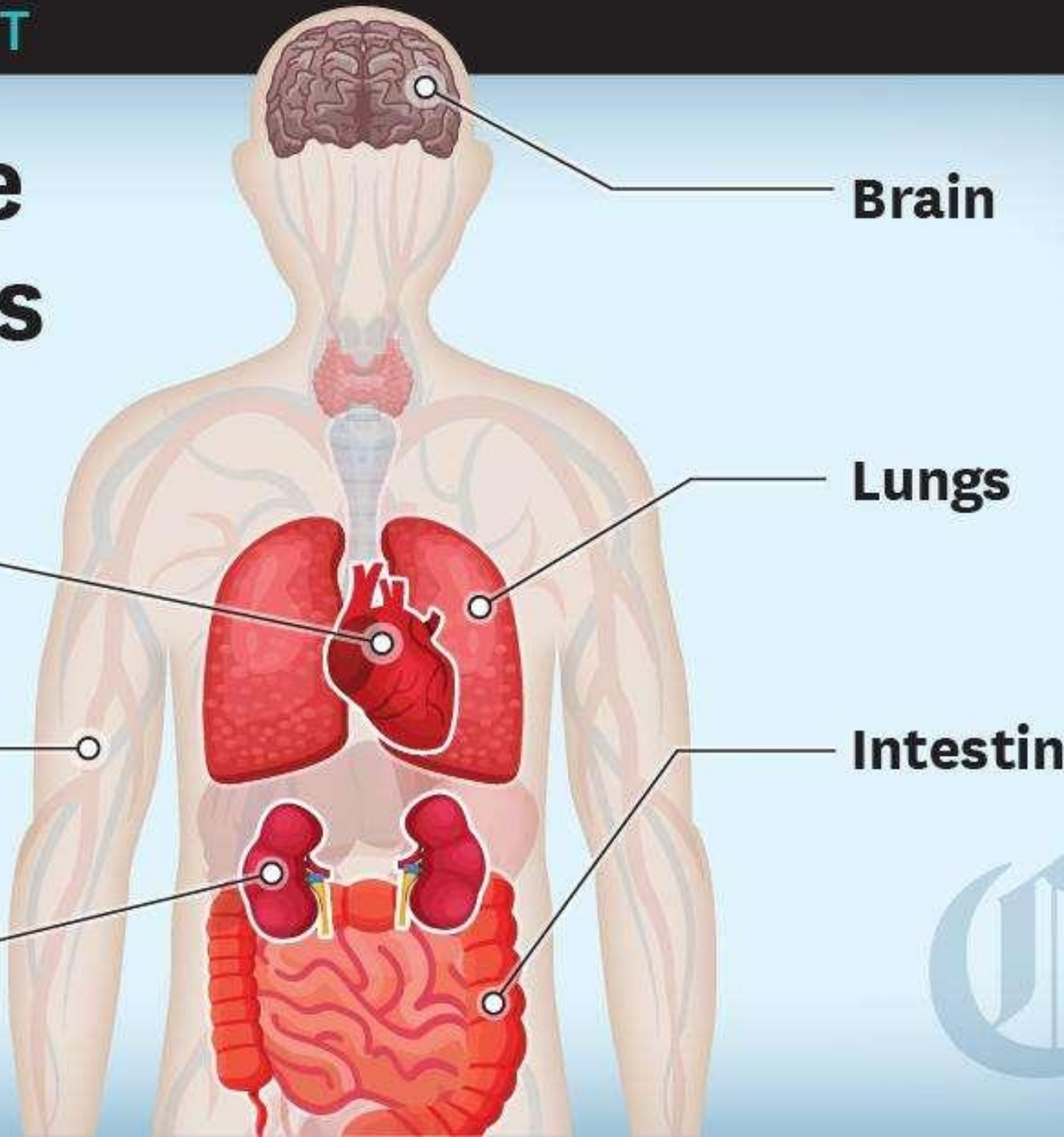
COVID-19

- Late December 2019, world alerted to new respiratory illness outbreak in China which had similarity to disease from years earlier called SARS (Severe Acute Respiratory Syndrome)
- Virus came to be named SARS-CoV-2 (SARS- Coronavirus-2) as the earlier one renamed SARS-COV-1
- Disease called COVID-19 (Coronavirus Disease 2019) and it's spread across the world since
- Declared global pandemic by March 2020
- As of this past weekend, over 212 million affected worldwide, with over 4 million deaths
- In the US, almost 40 million cases and over 625,000 dead

CHRONICLE SPECIAL REPORT

COVID-19's damage not limited to lungs

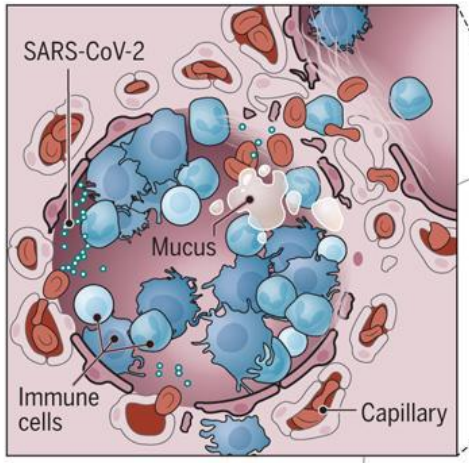
Growing evidence suggests the coronavirus, mostly known to cause respiratory illness, can also affect many of the body's primary organs.



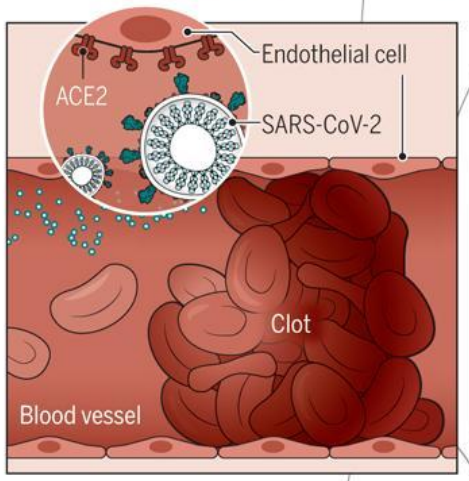
An invader's impact

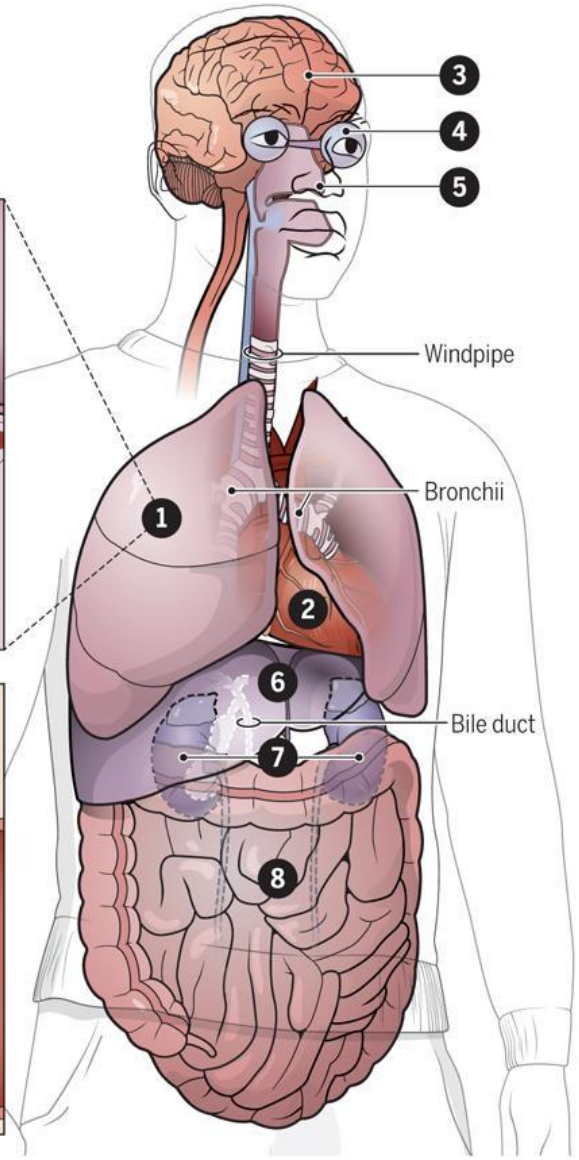
In serious cases, SARS-CoV-2 lands in the lungs and can do deep damage there. But the virus, or the body's response to it, can injure many other organs. Scientists are just beginning to probe the scope and nature of that harm.

1 Lungs
A cross section shows immune cells crowding an inflamed alveolus, or air sac, whose walls break down during attack by the virus, diminishing oxygen uptake. Patients cough, fevers rise, and breathing becomes labored.



2 Heart and blood vessels
The virus (teal) enters cells, likely including those lining blood vessels, by binding to angiotensin-converting enzyme 2 (ACE2) receptors on the cell surface. Infection can also promote blood clots, heart attacks, and cardiac inflammation.





3 Brain
Some COVID-19 patients have strokes, seizures, confusion, and brain inflammation. Doctors are trying to understand which are directly caused by the virus.

4 Eyes
Conjunctivitis, inflammation of the membrane that lines the front of the eye and inner eyelid, is more common in the sickest patients.

5 Nose
Some patients lose their sense of smell. Scientists speculate that the virus may move up the nose's nerve endings and damage cells.

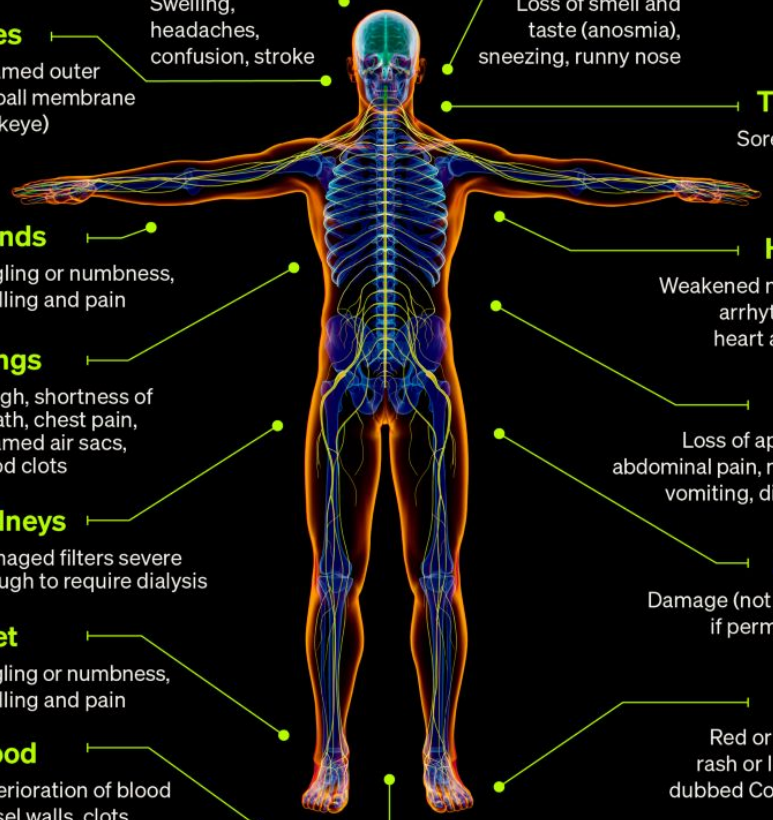
6 Liver
Up to half of hospitalized patients have enzyme levels that signal a struggling liver. An immune system in overdrive and drugs given to fight the virus may be causing the damage.

7 Kidneys
Kidney damage is common in severe cases and makes death more likely. The virus may attack the kidneys directly, or kidney failure may be part of whole-body events like plummeting blood pressure.

8 Intestines
Patient reports and biopsy data suggest the virus can infect the lower gastrointestinal tract, which is rich in ACE2 receptors. Some 20% or more of patients have diarrhea.

Where Covid Goes

People with Covid-19 might experience no symptoms, or just one or a few of these, or several in severe cases.



Brain
Swelling, headaches, confusion, stroke

Nose
Loss of smell and taste (anosmia), sneezing, runny nose

Eyes
Inflamed outer eyeball membrane (pinkeye)

Throat
Sore throat

Hands
Tingling or numbness, swelling and pain

Heart
Weakened muscle, arrhythmias, heart attacks

Lungs
Cough, shortness of breath, chest pain, inflamed air sacs, blood clots

Gut
Loss of appetite, abdominal pain, nausea, vomiting, diarrhea

Kidneys
Damaged filters severe enough to require dialysis

Liver
Damage (not known if permanent)

Feet
Tingling or numbness, swelling and pain

Toe
Red or purple rash or lesions, dubbed Covid toe

Blood
Deterioration of blood vessel walls, clots

Body Overall
Fever, chills, muscle pain, fatigue, skin rashes on the chest, back, arms or legs

Ee

SOURCES: Stanford University; Johns Hopkins University; Baylor College of Medicine Medical Center; Cleveland Clinic; Harvard University; Science Magazine; CDC; Mahalia Desruisseaux, MD, Yale University; Robert Salata, MD, Case Western Reserve University

Physical consequences

- Initially thought to be just a respiratory illness with some effect on other organs, like flu
- We're now learning it has effects on virtually every organ system, including the CNS
- Direct and toxic effects to the brain and nerves can cause psychiatric symptoms
- Absent any curative treatment, prevention is the key to getting this pandemic under control
- This includes significant behavioral changes on the public's part

Social Distancing

- “Social Distancing”- new term in our lexicon
- Physical distancing would be more apt but it captures the entirety of what is happening so perhaps inadvertently appropriately named
- Refers to keeping a certain amount of space away from someone to avoid spreading pathogens (variably 1-2 m (3-6 ft) globally)
- In US, that’s 6 feet
- SARS-CoV-2 mostly spreads via droplets so if you keep your physical distance, it minimizes your risk of getting infected

Changes in our rituals

- Limited social interaction
- Limited in-group gatherings
- Meetings, sports, rites of passage events all cancelled
- Can worsen pre-existing mental health conditions
- Can create new conditions- social isolation can worsen psychological well-being
- Social cohesion is part of what keeps us healthy

Physical effects

- Decreased motor activity
- Changes in diet
- Changes in sleep
- Exposure to sunlight
- Exercise

Fear and Anger

- In addition, over-reactive behavior due to fear is usually noted in the public during the pandemics
- Aggression, frustration, can worsen with quarantine and lockout procedures


19
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Limited literature on future but what about the past?

- Limited data on long-term effects of this virus, or the pandemic
- We can learn from looking at past pandemics

What do previous pandemics tell us?

- Such impacts are likely to differ across pandemics and populations, for example, Wang et al. (2011) reported no immediate negative psychological effect of quarantine in their sample of University students in China during the H1N1 flu outbreak
- The incidence of depression and anxiety in populations where physical distancing is enforced may be impacted (Brooks et al., 2020)
- Mak and colleagues suggested that the SARS epidemic had both immediate and long-term consequences for mental health.
- They found persistent and elevated posttraumatic stress symptoms for the mental health of survivors and health-care workers almost 3 y post-event

SARS data

- Although there are very limited data available for COVID-19-related psychiatric symptoms currently, survivors of SARS-CoV-1 were clinically diagnosed with PTSD (54.5%), depression (39%), pain disorder (36.4%), panic disorder (32.5%), and obsessive compulsive disorder (15.6%) at 31 to 50 months post-infection, a dramatic increase from their pre-infection prevalence of any psychiatric diagnoses of 3%

Ebola

- Not only is mental health important for individual well-being, but it also plays a role in collective prevention and risk.
- During the Ebola outbreak, depression and posttraumatic stress symptoms were associated with higher risk behaviors.
- Of interest, higher anxiety resulted in more preventative behaviors, demonstrating a potential factor of mild anxiety.
- Mental health professional working in Sierra Leone noted high levels of anxiety and that “The majority of psychological problems are because the country is frozen, with nothing moving forward.”

Long-term sequelae

- Not only should we expect there to be long-term sequelae for survivors and health-care workers, but also for the general public, especially those that lost someone due to COVID-19.
- Massive loss of life is a significant factor that impacts the mental health of individuals, families, and communities in disasters
- Pandemics by their nature, result in high mortality rates that cluster in geographical regions over a short period of time

Potential positives

- There actually may be some upsides to this which we all may have observed
- A renewed sense of social purpose “we’re all in this together”- tributes in NYC, UK, Spain to healthcare workers for example
- Communities donating food to hospitals
- Spending time at home with loved ones
- Ability to telework, decreased travel, decreased road accidents
- Improvement in social anxiety for those who are not forced to leave home

NPR

Coronavirus Crisis May Worsen Symptoms In Children With Anxiety ...

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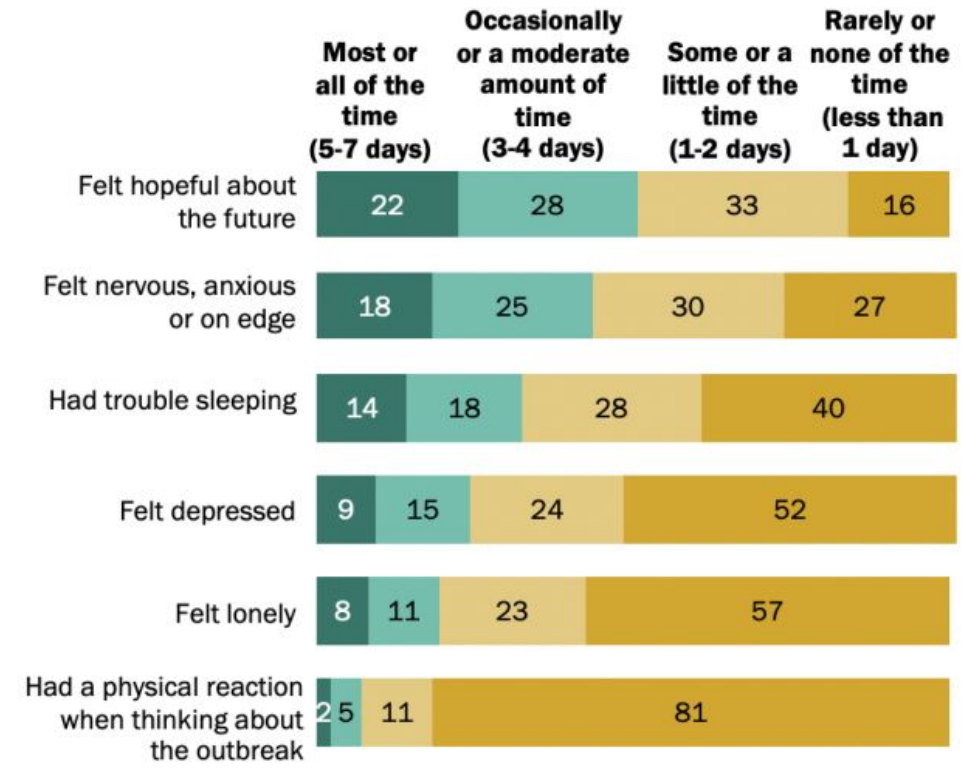
Nearly one-in-five Americans say they have had a physical reaction when thinking about the outbreak

% saying that in the past seven days they have ...



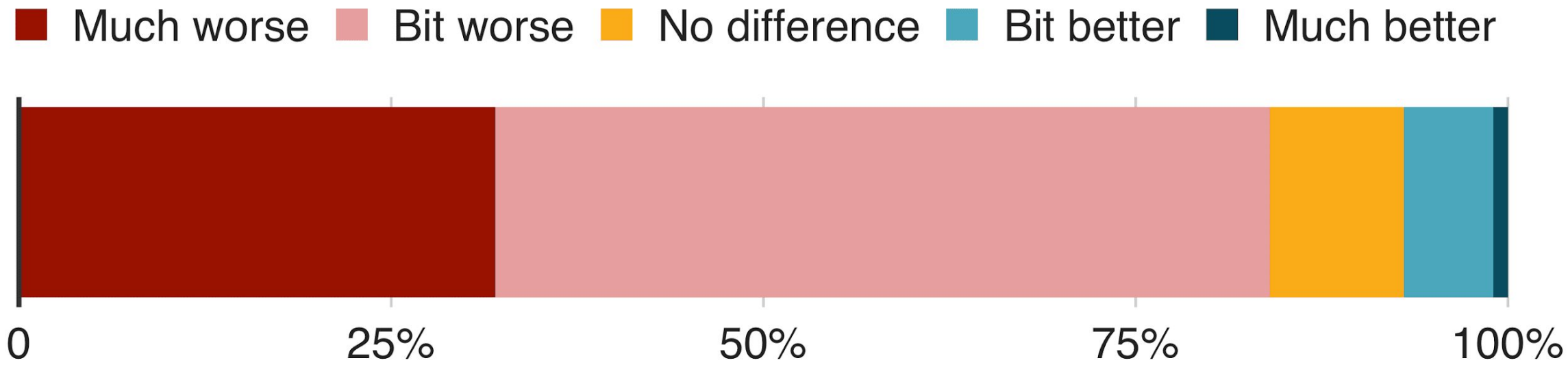
Note: Questions adapted from GAD-7, CES-D, Impact to Event Scale–Revised. Share of respondents who didn't offer an answer not shown.

Source: Survey of U.S. adults conducted March 19-24, 2020.

PEW RESEARCH CENTER

How has coronavirus affected the mental health of young people?

Survey of 2,111 young people with mental health needs



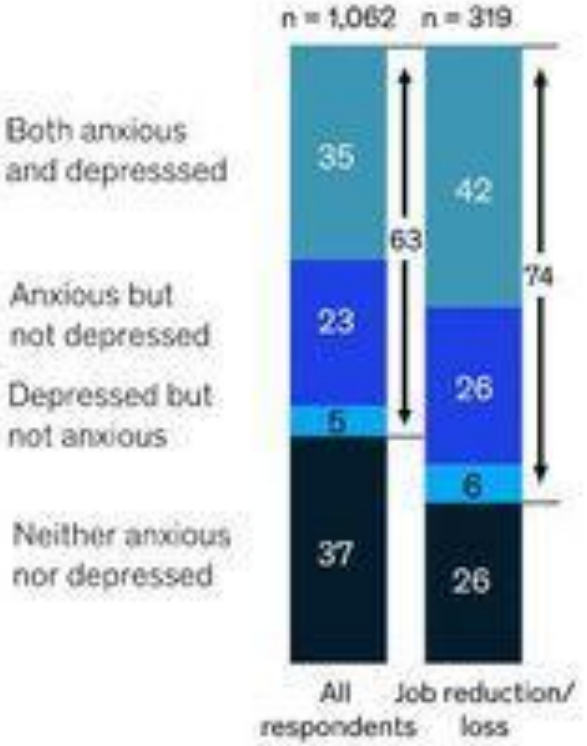
Source: YoungMinds survey carried out between 20-25 March

BBC

Reported signs of distress related to COVID-19 in the United States

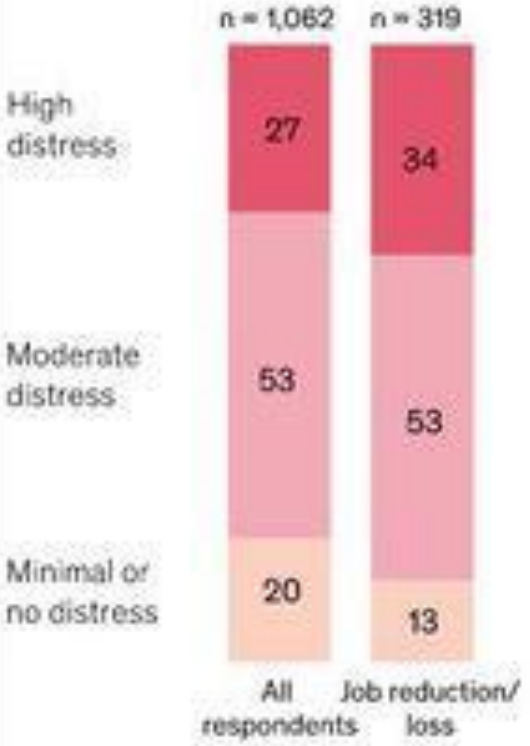
Respondents reporting feeling anxious or depressed in past week

% of respondents



Respondents' reported level of distress related to COVID-19

% of respondents



Respondents' levels of reported substance use

1 out of 4 reported **binge drinking*** at least once in the past week

1 out of 5 reported taking **prescription drugs** for non-medical reasons

1 out of 7 reported using **illicit drugs**

* As defined by National Institute on Alcohol Abuse and Alcoholism, >=5 drinks for men and >=4 drinks for women

QFEEL1. Over the past week have you felt anxious?
QFEEL2. Over the past week have you felt depressed?
QFEEL2a. Please indicate your level of distress related to the Coronavirus/COVID-19 pandemic (10-point scale from least distressed to most distressed. "High" is 8–10, "Moderate" is 4–7, and "Low" is 1–3).
QEMP5. Since the Coronavirus (COVID-19) began impacting the US, has the number of hours you have worked increased, decreased, or stayed the same?

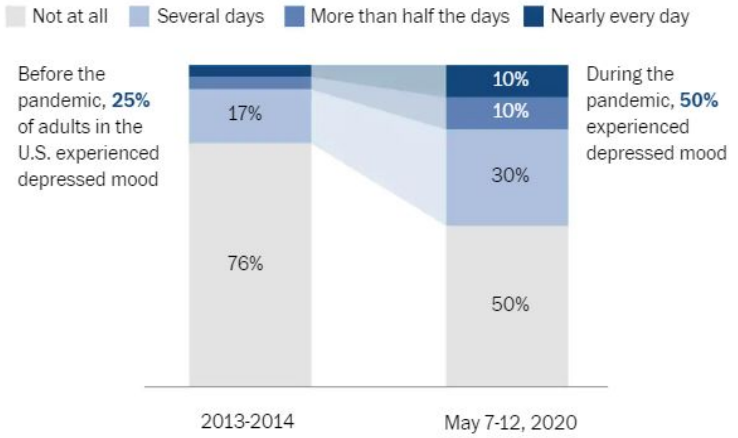
34% show symptoms of clinical **anxiety**, **depression** or **both**

Census Bureau 2020 Household Pulse Survey

- For every 100 American adults, 34 show symptoms of anxiety, depression, or both
- 20 show symptoms of both anxiety and depression
- 4 show symptoms of depression alone
- 10 show symptoms of anxiety alone
- This is double that found in a 2014 national survey
- Some groups have been hit harder than others. Rates of anxiety and depression were far higher among younger adults, women and the poor
- The worse scores in young adults were especially notable, given that the virus has been more likely to kill the elderly or leave them critically ill.

It's not normal for this many Americans to feel depressed

How Americans responded to the question "How often have you been bothered by feeling down, depressed, or hopeless?" Someone who answered "several days" or "more than half the days" would need to show other symptoms to screen positive for depression.

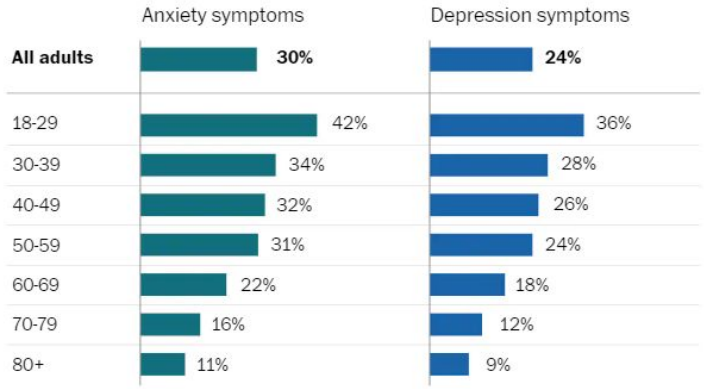


The 2013-2014 survey reflects symptoms over a two-week period, while the 2020 survey

washingtonpost.com/health/2020/05/26/americans-with-depression-anxiety-pandemic/?arc404=true

VA Bookmarks | Birmingham Helpfu... | VA Shortcuts | COVID-19 | Dashboard for COV... | Other bookmarks

Older people are more at risk for the coronavirus, but less likely to report symptoms of anxiety or depression



As universities and schools look to reopen, they must take mental health into account, said Paul Gionfriddo, president of the advocacy group Mental Health America. “There’s been plenty of talk about spacing

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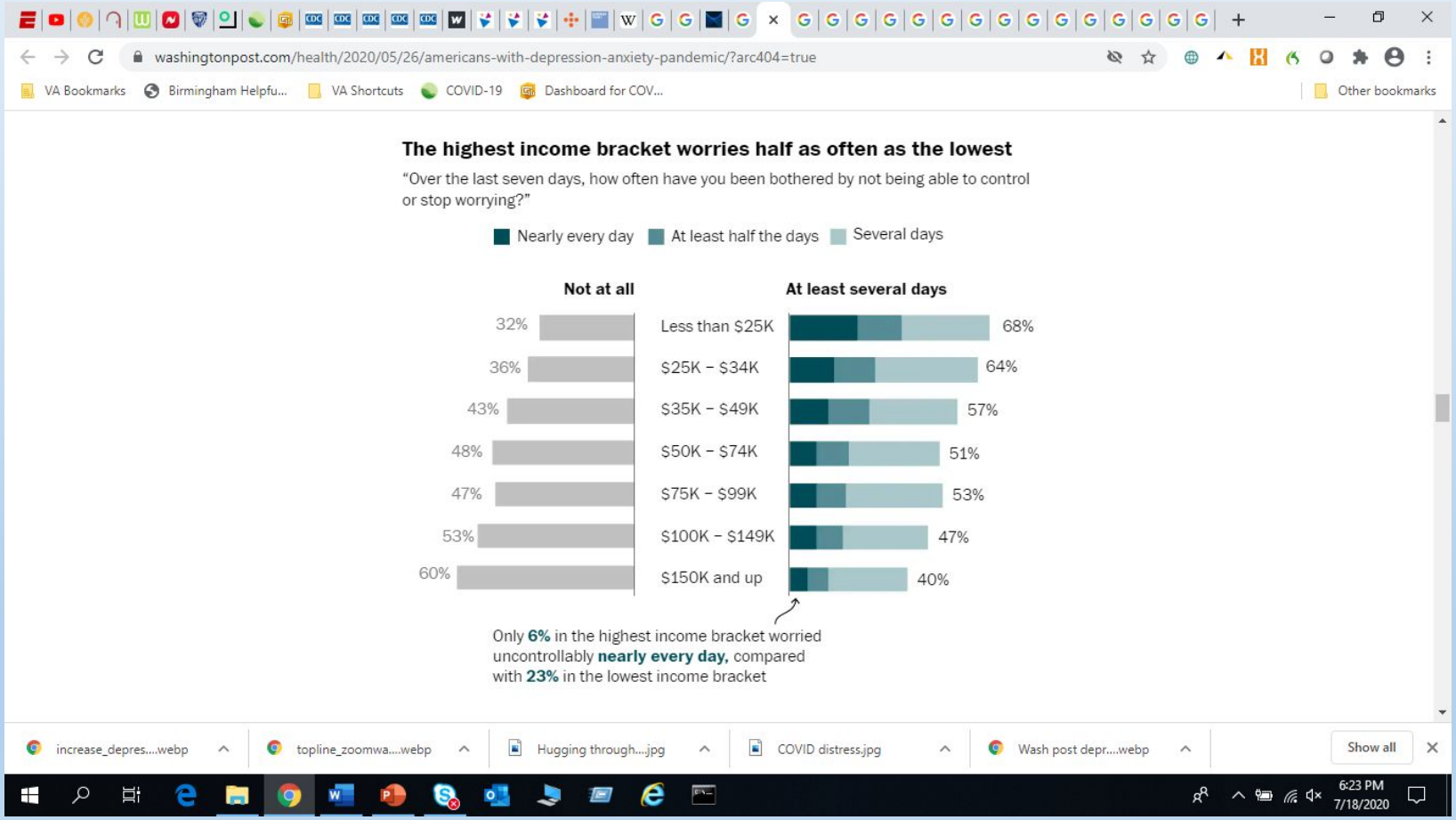
washingtonpost.com/health/2020/05/26/americans-with-depression-anxiety-pandemic/?arc404=true
VA Bookmarks
Birmingham Helpfu...
VA Shortcuts
COVID-19
Dashboard for COV...
Other bookmarks
The highest income bracket worries half as often as the lowest
"Over the last seven days, how often have you been bothered by not being able to control or stop worrying?"
Nearly every day
At least half the days
Several days
Not at all
At least several days
32%
Less than $25K
68%
36%
$25K – $34K
64%
43%
$35K – $49K
57%
48%
$50K – $74K
51%
47%
$75K – $99K
53%
53%
$100K – $149K
47%
60%
$150K and up
40%
Only 6% in the highest income bracket worried uncontrollably nearly every day, compared with 23% in the lowest income bracket
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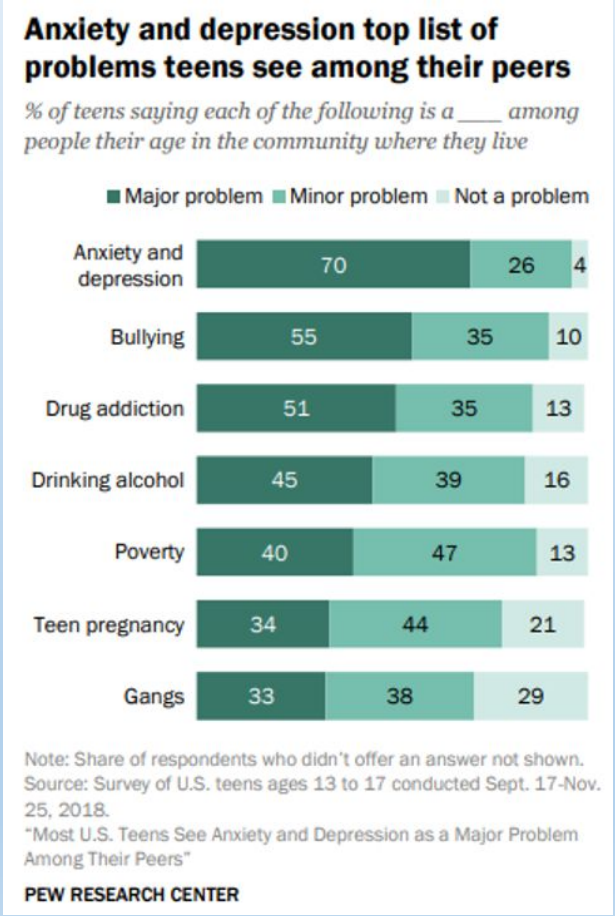
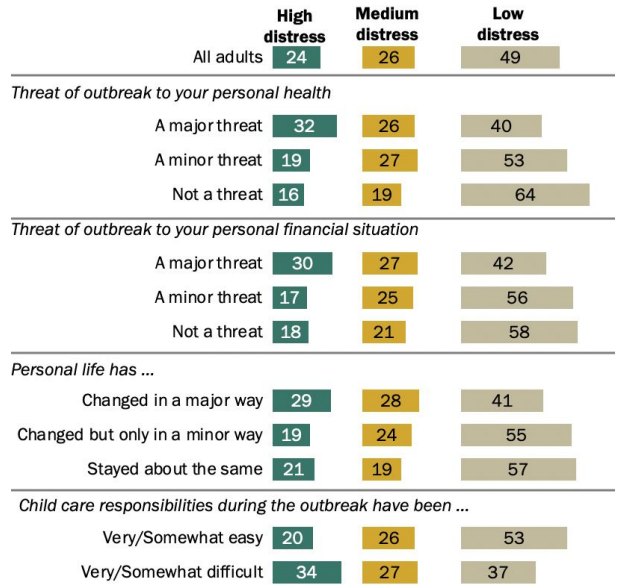
Anxiety and Depression amongst teens



Perceived health and financial threats and child care difficulty are associated with higher levels of psychological distress

% of U.S. adults who fall into each category of psychological distress



Note: Additive psychological distress scale based on responses to five standard measures of psychological distress adapted from GAD-7, CES-D, Impact to Event Scale–Revised. Share of respondents who didn't offer an answer not shown.
Source: Survey of U.S. adults conducted March 19-24, 2020.

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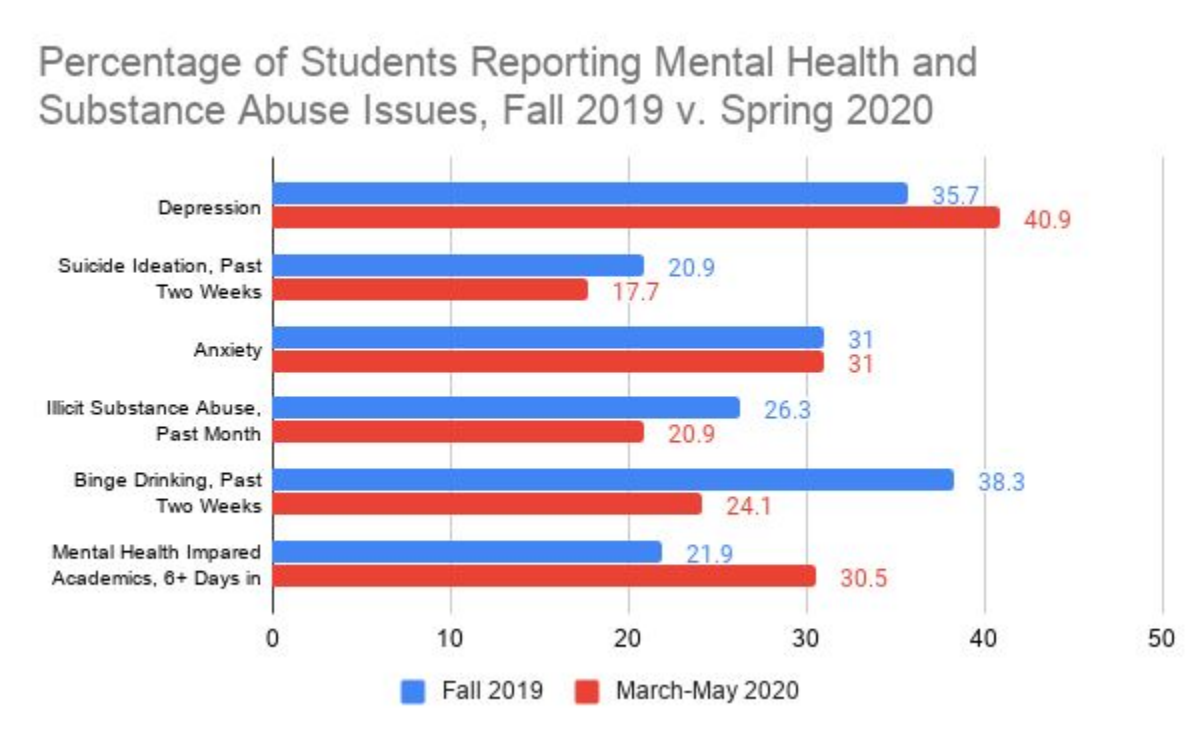
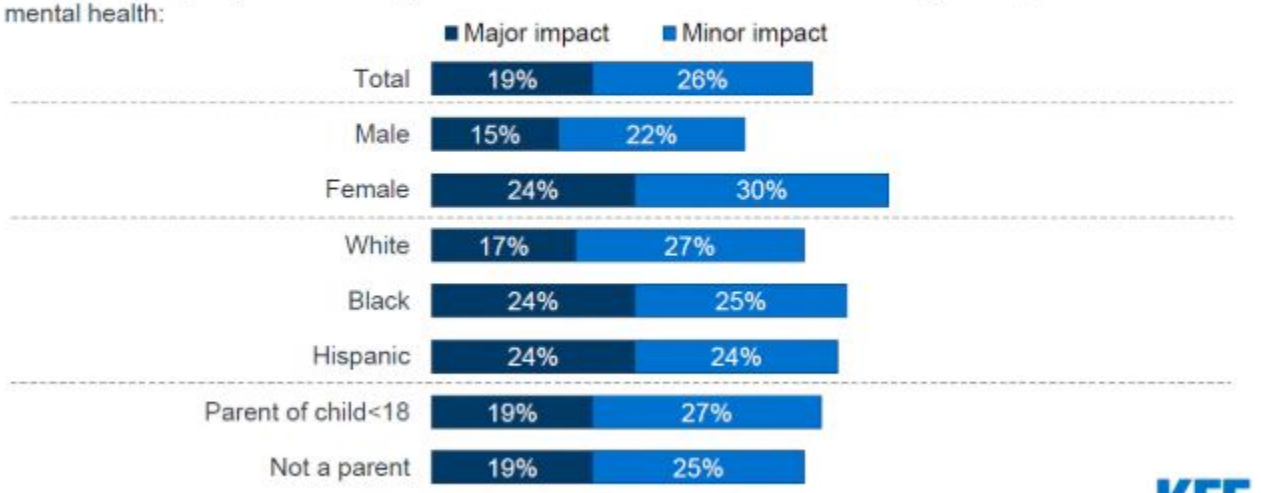

Percentage of Students Reporting Mental Health and Substance Abuse Issues, Fall 2019 v. Spring 2020
Depression
35.7
40.9
Suicide Ideation, Past Two Weeks
20.9
17.7
Anxiety
31
31
Illicit Substance Abuse, Past Month
26.3
20.9
Binge Drinking, Past Two Weeks
38.3
24.1
Mental Health Impared Academics, 6+ Days in
21.9
30.5
0
10
20
30
40
50
Fall 2019
March-May 2020

Figure 8

Significant Shares Say The Coronavirus Has Had A Negative Impact On Their Mental Health

Percent who say they feel that worry or stress related to coronavirus has had a negative impact on their mental health:



SOURCE: KFF Health Tracking Poll (conducted March 25-30, 2020). See topline for full question wording.

KFF

Psychosis and pandemics

- The association between influenza and psychosis has been reported since the Spanish Flu pandemic in the 18th century and subsequent acute “psychoses of influenza” have been documented during multiple pandemics
- This population may be particularly at risk from the stress associated with physical distancing measures. While the use of mobile phones and technology continues to increase for people with psychosis, rates are still lower for people with psychosis
- This may mean that physical distancing and reduction in social connectedness has a substantial effect on this group of individuals as they do not compensate as much with other methods of communication.

Change in psychotic features?

- The association between psychosis and psychosocial factors, including stressful life events, is well-known, suggesting it is an important risk factor for both the onset and exacerbation of symptoms
- Another impact the COVID-19 pandemic may have is on the nature and content of the psychotic pathology of people with psychosis or at risk of psychosis
- Anecdotally, clinicians working in mental health services have reported increased paranoia around contamination from being in close contact with other people.
- Patients with psychosis may also not comply as much with public health measures needed to prevent disease, such as mask-wearing

Vulnerable to social determinants of health

- social isolation,
- unemployment,
- homelessness,
- Relationship breakdown (divorce/separation),
- domestic violence, and worsening physical health
- potential for an increase in the number of people with psychosis who suicide or attempt suicide, with some evidence of more suicides occurring after previous pandemics (Chan et al., 2006).

Neuropsychiatric symptoms

- Past studies on viral pandemics, especially involving respiratory viruses, suggest that diverse types of neuropsychiatric symptoms can arise with acute infection as well as in the post-viral infectious period
- One study reported persistent neurocognitive deficits up to 18 months post-discharge
- In the acute phase, apart from being the psychosocial stressor, COVID-19 has been reported to cause neuropsychiatric manifestations, like encephalopathy, psychosis, insomnia, and mood changes.
- Post-traumatic stress disorder, panic attacks, anxiety are mostly seen in healthcare workers and survivors of SARS CoV infection

SARS-CoV-2 Neuropsychiatric Data

- Evidence is accumulating that SARS-CoV-2 can penetrate the CNS through the olfactory or circulatory route and thus produce a direct effect on the CNS and PNS of infected patients
- Manifestations include anosmia, dysgeusia, encephalopathy, stroke, epilepsy, GBS, and other neuromuscular disorders, as well as an indirect influence on brain functions by causing cytokine storm and inducing delayed immune-mediated processes.

SARS-CoV-2 Neuropsychiatric Data 2

- Furthermore, the virus has been implicated in maladaptive coping styles and major neuropsychiatric symptoms and syndromes, including anxiety, depression, delirium, and paranoia.
- The COVID-19 pandemic has further created an unprecedented socioeconomic turmoil that has led to severe psychosocial impact with widespread stress, anxiety, and depressed mood, triggering or exacerbating mental health in noninfected individuals in the society at large.

Toxic-metabolic encephalopathy

- Patients with severe disease had a prolonged ICU course and were noted to be encephalopathic for more than the usually expected duration.
- This is most likely secondary to the use of multiple and high doses of anesthetics and sedatives as a part of the symptomatic management of severe respiratory disease.
- Hypoxia and viremia itself are also the possible factors behind encephalopathy.

ICU and PTSD

- The research suggests that PTSD among ICU survivors is fairly common and long lasting.
- Previous studies have demonstrated a link between hospitalization during a pandemic with PTSD.
- For example, in a study of long-term outcomes following the H1N1 pandemic in 2009, researchers found that at 1-y follow-up, between 41 and 44% of discharged ICU patients were at risk for PTSD.
- Similarly, a long-term follow-up of SARS survivors found that PTSD persisted in some patients even 30 months following the illness.

Post-ICU Syndrome (PICS)

- Survivors of critical illness are at risk of persistent psychiatric impairment after discharge from hospital.
- At 1 year, the pooled prevalence of clinically relevant depressive, anxiety, and post-traumatic symptoms were 29% (23–34), 34% (25–42), and 34% (22–50),respectively.
- The majority of patients with severe acute respiratory distress syndrome, a key feature of severe COVID-19 illness, show impairments of memory, attention, concentration, or mental processing speed at 1 year.

Need to intervene to mitigate effects

- There is an immediate need for interventions aimed at managing the psychosocial impact and mitigating the neuropsychiatric manifestations in addition to the other health and economic consequences of this unprecedented viral pandemic.
- Protection of mental well-being can be accomplished by providing programs structured for psychosocial support to all those in need, such as health care workers, persons stricken by unemployment and financial hardship, families with COVID-19-affected members, older adults, and other vulnerable groups.

FIGURE 1. Spectrum of neurological and psychiatric manifestations produced by COVID-19 infection

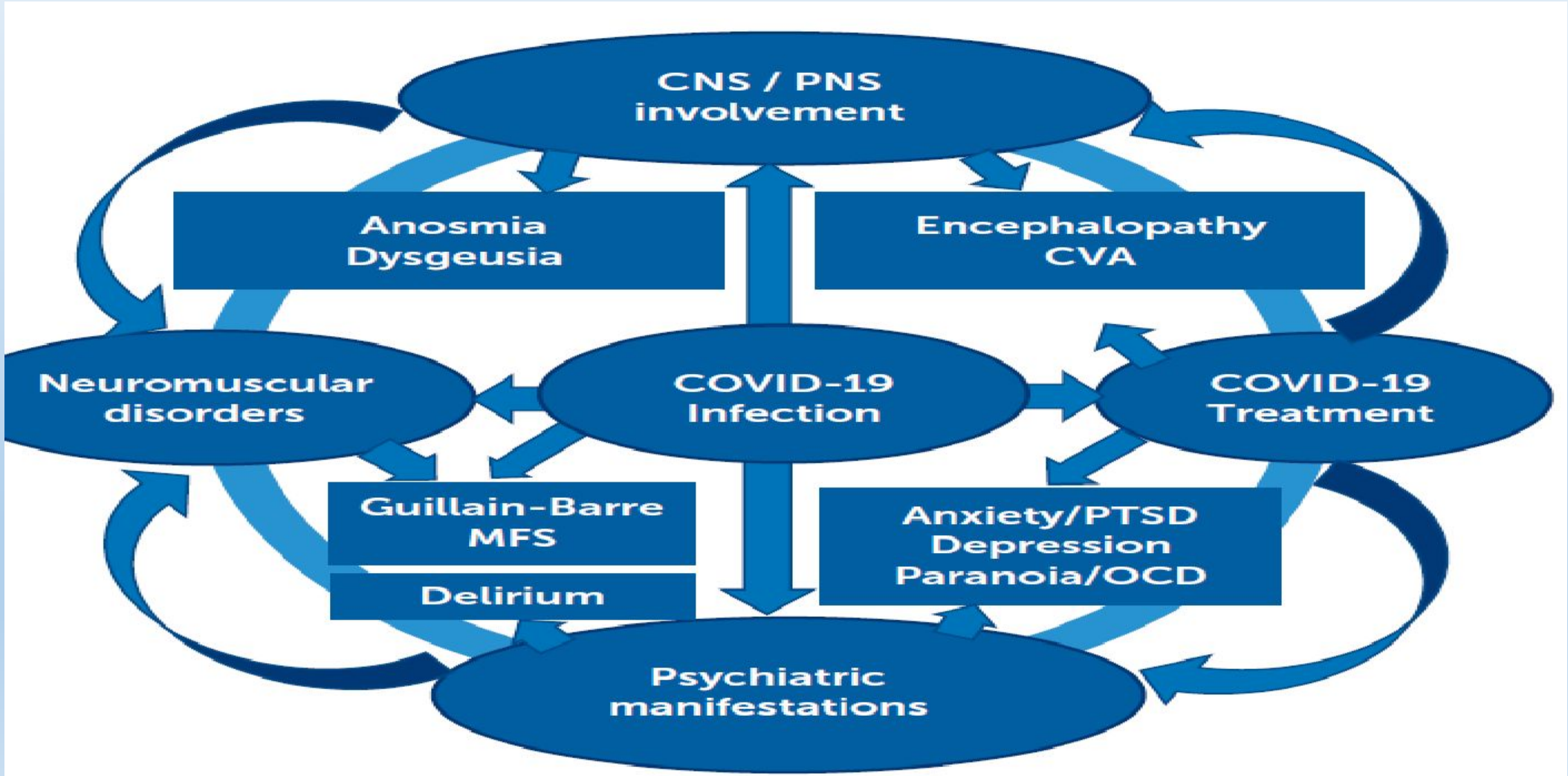
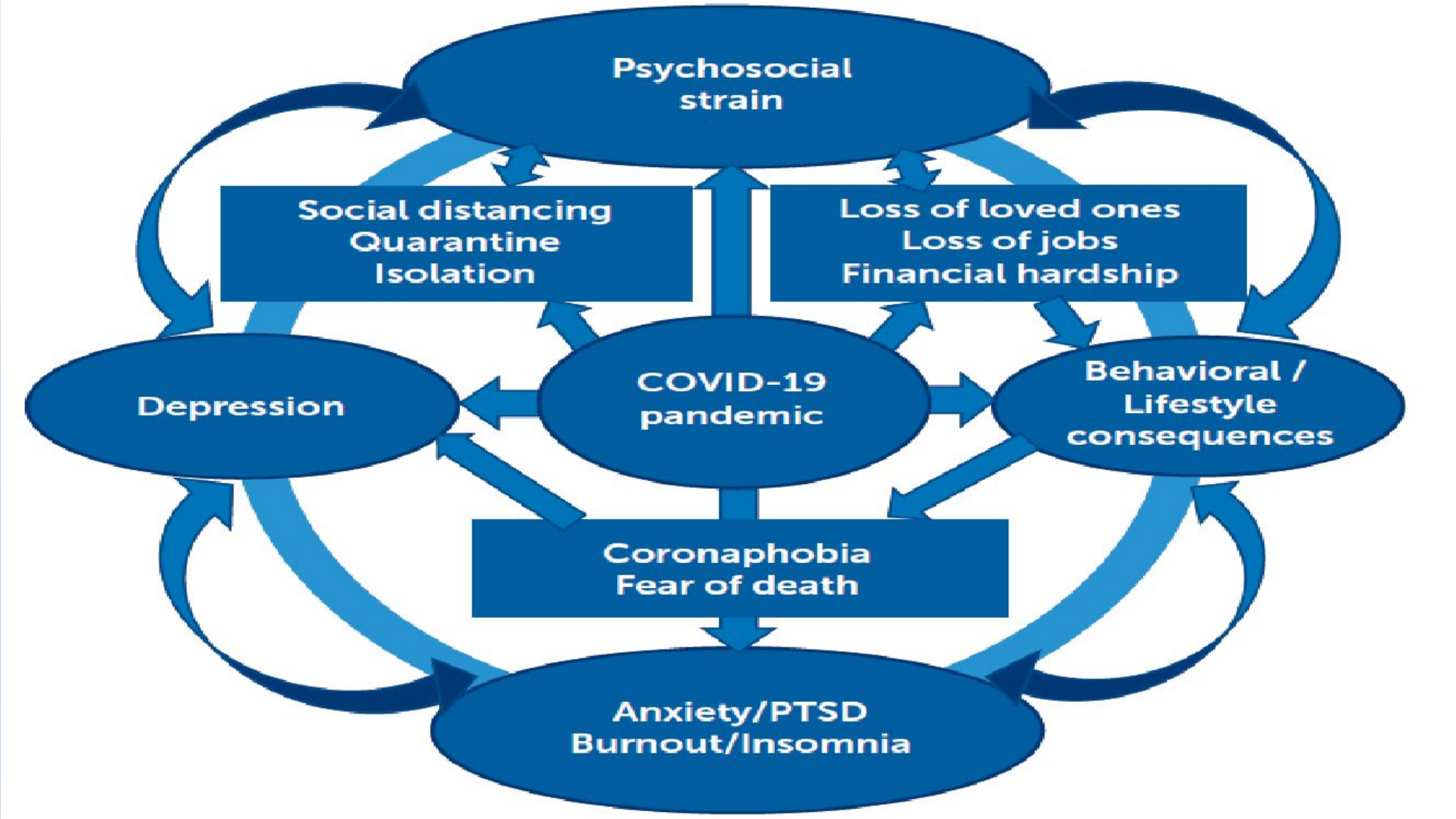


Figure 2: Spectrum of neuropsychiatric manifestations that develop in noninfected patients and individuals during the COVID-19 pandemic



Suicide rates were historically high before COVID

- Suicide rates have been rising in the US over the last 2 decades
- The latest data available (2018) show the highest age-adjusted suicide rate in the US since 1941
- It is within this context that (COVID-19) struck the US
- Unprecedented public health actions to curb the spread of the virus and remarkable social distancing interventions have been implemented to fundamentally reduce human contact
- While these steps are expected to reduce the rate of new infections, the potential for adverse outcomes on suicide risk is high

Suicide and COVID-19

- While pandemic-related suicides have already been reported in many of the hardest-hit countries, these deaths have been largely overshadowed by the high rate of fatalities linked to COVID-19.
- In Italy, for example, the first known pandemic-related suicide occurred in March 2020 when a patient suffering from bronchopneumonia jumped out of the hospital window where he was awaiting test results to see if he was infected.
- Since then, numerous other suicides have been reported, primarily among front-line health workers, people awaiting test results, and those affected by coronavirus-related bankruptcy.

What do previous studies tell us after mass disaster

- Research studies looking at the effects of trauma in previous disasters, including the 2003 severe acute respiratory syndrome (SARS) epidemic in Hong Kong and the 2011 earthquake and nuclear disaster in Fukushima, Japan, has shown a significant rise in suicides both during the emergency itself and in the months that followed
- With the SARS epidemic in particular, most suicides involved elderly or chronically ill people who were afraid of becoming burdens to their families due to becoming infected, a concern that is already common among many COVID-19 patients

Suicide Mortality and Coronavirus Disease 2019: A Perfect Storm?

- The article suggests that the unprecedented public health actions needed to contain the new pandemic, along with social distancing requirements, stay-at-home orders, and stress due to job loss, may well result in far more suicides in the years to come.
- It outlines many of the economic, psychosocial, and health-associated risk factors that can be expected to increase suicide risk.

Social Isolation

- Leading theories of suicide emphasize the key role that social connections play in suicide prevention.
- Individuals experiencing suicidal ideation may lack connections to other people and often disconnect from others as suicide risk rises.
- Suicidal thoughts and behaviors are associated with social isolation and loneliness.
- Therefore, from a suicide prevention perspective, it is concerning that the most critical public health strategy for the COVID-19 crisis is social distancing.
- Furthermore, family and friends remain isolated from individuals who are hospitalized or in care homes, even when their deaths are imminent. To the extent that these strategies increase social isolation and loneliness, they may increase suicide risk.

google.com/imgres?imgurl=https%3A%2F%2Fm.wsj.net%2Fvideo%2F20200410%2F041020dyingalone2%2F041020dyingalone2_960x540.jpg&img...

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Wall Street Journal

I'm Sorry I Can't Kiss You'—Coronavirus Victims Are Dying Alone - WSJ

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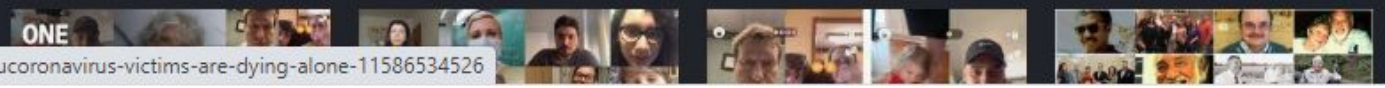

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Loss of Community and Religious Contact

- For Americans who are part of a religious, ethnic, or social community, being able to attend regular events, including religious services, can be essential in feeling connected with others
- While some religious congregations have opposed social distancing rules, the closing of most religious and community centers has increased social isolation for many Americans
- Given that weekly attendance at religious services has long been shown to reduce suicide risk compared to non-attenders, losing this support may make social isolation harder to bear

Barriers to Mental Health Treatment

- While hospitals and other primary care facilities continue to see clients, mental health services have not been given the same priority
- As a result, people dealing with mental health crises have little choice but to wait in overcrowded hospital emergency departments to get the help they need, something that might discourage many of them from even making the effort
- Though suicide hotlines and telehealth services are still available, the wait time is much longer than usual due to increased demand. This means that people contemplating suicide often have nowhere to turn. And this includes front-line health care workers who are at the forefront of dealing with the pandemic.

Distance-Based Suicide Prevention

- There are evidence-based suicide prevention interventions that were designed to be delivered remotely. For example, some brief contact interventions (telephone-based outreach) and the Caring Letters intervention (in which letters are sent through the mail) have reduced suicide rates in randomized clinical trials. Follow-up contact may be especially important for individuals who are positive for COVID-19 and have suicide risk factors.

Other Medical Problems

- Along with these other issues, people with existing medical problems are also finding their access to health services being restricted given the surge in coronavirus cases.
- This means the cancellation of elective surgeries, a much longer wait in hospital emergency departments and urgent care clinics, and having to deal with symptoms such as chronic pain without significant relief.
- Since many people with chronic medical problems are already vulnerable to suicidal thinking, losing access to medical services can reduce their ability to cope with their issues.

Suicide Prevention Opportunities

- **Physical Distance, Not Social Distance**
  - Despite its name, social distancing requires physical space between people, not social distance. Efforts can be made to stay connected and maintain meaningful relationships by telephone or video, especially among individuals with substantial risk factors for suicide. Social media solutions can be explored to facilitate these goals.
  - **Telehealth**
    - There is national momentum to increase the use of telehealth in response to COVID-19.

ptsd.va.gov/appvid/mobile/COVID_coach_app.asp

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QUICK LINKS

Hospital Locator

Zip Code Go

Health Programs

Protect Your Health

Mobile Apps: COVID Coach

The COVID Coach app was created for everyone, including Veterans and Service members, to support self-care and overall mental health during the coronavirus (COVID-19) pandemic.

Features include:

- Education about coping during the pandemic
- Tools for self-care and to improve emotional well-being
- Trackers to check your mood and measure your growth toward personal goals
- Graphs to visualize progress over time

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Reasons for optimism

- There may be a silver lining to the current situation.
- Suicide rates have declined in the period after past national disasters (e.g., the September 11, 2001, terrorist attacks).
- One hypothesis is the so-called pulling-together effect, whereby individuals undergoing a shared experience might support one another, thus strengthening social connectedness.
- Recent advancements in technology (eg, video conferencing) might facilitate pulling together. Epidemics and pandemics may also alter one’s views on health and mortality, making life more precious, death more fearsome, and suicide less likely.

Top E.R. Doctor Who Treated Virus Patients Dies by Suicide

"She tried to do her job, and it killed her," said the father of Dr. Lorna M. Breen, who worked at a Manhattan hospital hit hard by the coronavirus outbreak.

nytimes.com/2020/07/11/nyregion/lorna-breen-suicide-coronavirus.html

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The New York Times

Account

‘I Couldn’t Do Anything’: The Virus and an E.R. Doctor’s Suicide

Dr. Lorna Breen was unflappable — until she faced a new enemy.

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CORONAVIRUS

Sister of ER doctor who killed self '100% sure' coronavirus 'affected her brain'

By MICHAEL SHERIDAN
NEW YORK DAILY NEWS | APR 30, 2020 AT 9:40 AM

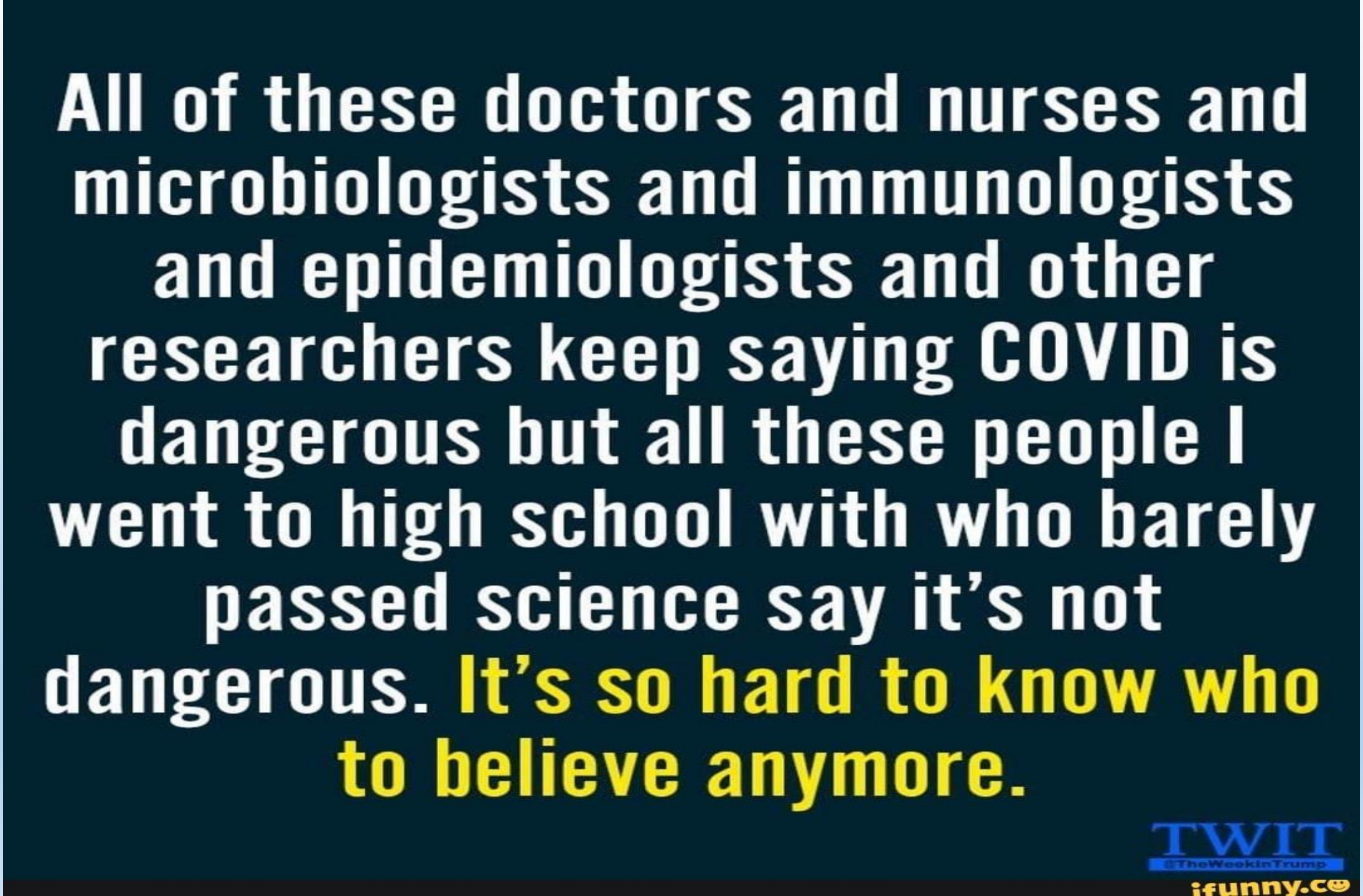
Health Care Professional Suicide Rates

- Many studies document elevated suicide rates among medical professionals.
- This at-risk group is now serving in the front lines of the battle against COVID-19.
- A national discussion is emerging about health care workers' concerns about infection, exposure of family members, sick colleagues, shortages of necessary personal protective equipment, overwhelmed facilities, and work stress. This special population deserves support and prevention services.
- Magellan Healthcare has opened a 24-hour toll-free crisis line and crisis text line
- Call 1-800-327-7451
- Text SUPPORT to 78137 from 8:00 a.m. – 6:00 p.m. ET, Monday through Friday,
- Physician support line 1 (888) 409-0141
- https://www.physiciansupportline.com/our-team

“If you’re not scared of COVID, you need to be scared of your hospital system collapsing,” said Sharp. “I can’t take care of your families right now. Your parents are staying home with chest pains. That will eventually catch up with us.”

Dr. Douglas Sharp, an emergency medicine specialist in Fairhope, implored the public to “help us a little bit,” noting that hospital workers are “exhausted” as they are overrun with patients at Thomas Hospital in Fairhope. He said that physicians and nurses are tending to patients in the hospital’s hallways.

“The whole ‘health care heroes’ thing, that was nice and everything. But that’s never what any of us needed,” Sarkin told the Sun Herald. “We needed people to wear their masks… now we need people to get shots. That’s how you show us you appreciate everything that we’ve done.”


All of these doctors and nurses and microbiologists and immunologists and epidemiologists and other researchers keep saying COVID is dangerous but all these people I went to high school with who barely passed science say it's not dangerous. It's so hard to know who to believe anymore.
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