

# “COVID-19 Pandemic Response and its Impact on Behavioral Health”

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# Mental Health and COVID-19: More Than 88,000 Impacted by Anxiety and Depression

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Since the beginning of the worry about COVID-19 in mid-to-late February, there have been at least 88,405 additional positive depression and anxiety screening results over what had been expected (using November 2019-January 2020 average as a baseline).

There have been 54,093 additional moderate to severe depression and more than 34,312 additional moderate to severe anxiety screening results from late February through the end of May.

The per day number of anxiety screenings completed in May was 370% higher than in January, before coronavirus stress began. The per day number of depression screens was 394% higher in May than in January.

These impacts on mental health are more pronounced in young people (<25): roughly 9 in 10 are screening with moderate-to-severe depression, and 8 in 10 are screening with moderate-to-severe anxiety.

# Mental Health and COVID-19: Thoughts of Suicide & Self-Harm at Epidemic Levels

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“Loneliness and isolation” is cited by the greatest percent of moderate to severe depression (73%) and anxiety (62%) screeners as contributing to mental health problems “right now.” These percentages have been steady since mid-April.

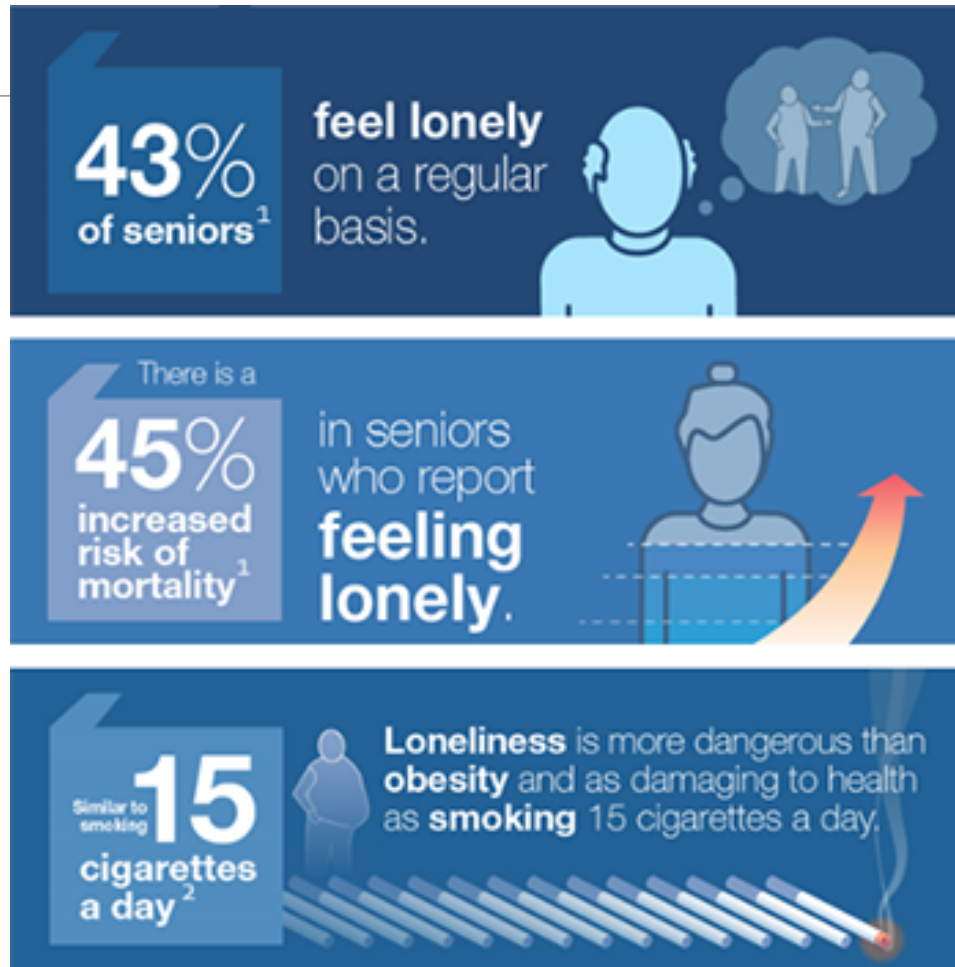
Despite a dramatic jump in screeners in May (more than 211,945 versus 69,626 in April), severity continued to track equal to or higher than our pre-pandemic baselines.

In May 2020, 21,165 depression screeners reported thinking of suicide or self-harm on more than half of days to nearly every day, with 11,894 reporting these thoughts nearly every day.

Special populations are also experiencing high anxiety and depression, including LGBTQ, caregivers, students, veterans/active duty, and people with chronic health conditions.

This isn't just affecting people with anxiety and depression, but other mental health conditions, too. Among psychosis screeners in May, more than 16,000 were at risk, and the percentage at risk (73%) also increased.

# Social Isolation



"The 'Loneliness Epidemic.'" Official Web Site of the U.S. Health Resources & Services Administration, 10 Jan. 2019

# Social Isolation

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What the science says:

- As a force in shaping our health, medical care pales in comparison with the circumstances of the communities in which we live. Few aspects of community are more powerful than is the degree of connectedness and social support for individuals.
- Living alone, being unmarried (single, divorced, widowed), no participation in social groups, fewer friends, and strained relationships are not only all risk factors for premature mortality but also increase risk for loneliness. Retirement and physical impairments may also increase the risk of social isolation.

*"The 'Loneliness Epidemic.'" Official Web Site of the U.S. Health Resources & Services Administration, 10 Jan. 2019*

# Stress Affects the Body and Mind

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The effect of stress on the body is complex, touching nearly every major system. When we experience stressful situations, our bodies automatically release hormones that were designed to allow us to react to danger—the classic “fight or flight response.” For example, veins in the skin constrict to send more blood to the major muscles that allow us to flee or defend ourselves. That physiological response serves us well—if we’re running from a bear or need to quickly pull a child out of harm’s way.

# Stress Affects the Body and Mind

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When stress levels get out of control—i.e. when they're severe or prolonged—it takes a serious toll on your body. Physical symptoms of stress include a vast number of things, including an increased heart rate, nausea, digestive problems and dizziness.

The effects are more than just physical, though. Chronic stress also affects our emotions and behavior. Some people pick up nervous habits, like pacing or nail-biting. Others might become irritable or agitated. A stress overload can also lead people to substance abuse and, ultimately, addiction.

# What impact has stress from the coronavirus pandemic had on the brain?

Social distancing and isolation have characterized many countries' approaches to reducing the spread of coronavirus, depriving many of opportunities for contact essential for wellbeing and mental health. At the [FENS Virtual Forum of Neuroscience](#) (11–15 July), Andreas Meyer-Lindenberg ([Central Institute of Mental Health, Mannheim, Germany](#)) discussed the impact of the stress experienced by the brain during enforced isolation, considering the amplified economic and social conditions unique to the coronavirus pandemic.

Following investigations surrounding the brain's response to interactions between genetic and environmental risk factors, Meyer-Lindenberg emphasized the importance of vigilance in monitoring adverse impacts on mental health under abnormal social conditions (e.g., the coronavirus pandemic).

“Humans are social creatures and so social isolation is a form of chronic stress which has a negative impact on hormonal and immune systems leading to mental and physical illness, such as cardiovascular disease,” Meyer-Lindenberg explained.

“The bigger our social networks, the better we can cope with adverse situations. The size of these networks predicts the size of the cingulate cortex, which becomes bigger,” Meyer-Lindenberg added.

An area inciting further investigation within social neuroscience, the cingulate cortex interacts with the amygdala and hippocampus. This circuit is reported to be impacted heavily by risk genes for depression among other psychiatric disorders.

A larger social network could lead to a reduced risk of death by around 50%, Meyer-Lindenberg further explained. There are reportedly approximately one-third of Americans and one-quarter of Europeans experiencing loneliness at any one time, elevating their risk of depression, suicide and dementia.



# The Link Between Stress and Substance Abuse

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Numerous studies have linked stress to alcohol and drug addiction. In fact, chronic stress is a well-known substance abuse risk factor. Researchers believe that stress causes brain changes with the potential to lead to addiction. For example, stress early in life, such as childhood trauma, or stress that's prolonged and repeated affects development of the prefrontal lobe. This is the part of the brain that deals with higher-level thinking and impulse control.

In addition, certain mental health disorders, such as depression and post traumatic stress disorder (PTSD), are strongly linked to alcohol and drug abuse. PTSD can develop in anyone who's experienced severe trauma, from car accident victims to combat veterans. Other anxiety disorders are also connected to higher rates of addiction.

# COVID-19 and the opioid crisis: When a pandemic and an epidemic collide

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More than 20 million people in the United States have a substance use disorder. Now, COVID-19 has left many locked down, laid off, and flooded with uncertainty. So far, experts see signs of relapses, rising overdoses, and other worries.

Anxiety, grief, isolation, financial worries, changes at home and work, and an ongoing sense of uncertainty can all threaten people with a substance use disorder (SUD) as well as those at risk of developing one.

# COVID-19 and the opioid crisis: When a pandemic and an epidemic collide

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Researchers say it's too soon to have definitive data on the pandemic's effects, but early numbers are concerning. So far, alcohol sales have risen by more than 25%.

A recent analysis of 500,000 urine drug tests by Millennium Health, a national laboratory service, also showed worrisome trends: an increase of

32% for nonprescribed fentanyl

20% for methamphetamine

10% for cocaine from mid-March through May.

And suspected drug overdoses climbed 18% in the same period, according to a national tracking system run out of the University of Baltimore.

# COVID-19 Pandemic, Political Environment and Multiple levels of division

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Our experience of the COVID Pandemic is being impacted by:

- Lack of clear direction from leadership on how to best approach managing the risks, including lots of contradiction
- Social media becoming the ‘diagnostic tool’
- What should have been a public health approach has become a political tool
- Lack of consensus on how to best approach mitigating the impact of the virus (masks vs no masks; safe spacing vs grouping)
- The Pandemic has brought on competing Crises: Medical vs Economic
- Certain populations are at great risk of health crisis while others barely know they have the virus

# The “Virtual” approach to Counteracting the Impact of COVID 19 on Behavioral Health

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## **Expanded Telehealth Helps Communities Address Opioid Use and other Disorders During Pandemic**

- Providers seeing improved “show” rates
- Virtual visits are a good fit for many
- Digital connection gets personal
- Telehealth links patients and providers in rural areas
- Federal and State expanded telehealth flexibility allowed providers to maintain operations

# The “Virtual” approach to Counteracting the Impact of COVID 19 on Behavioral Health

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## *Physically Distanced but Digitally Connected*

### The Alcoholics Anonymous Message Carries On Amid Coronavirus (COVID-19)

A.A. in the digital age has certainly taken on a new meaning in these challenging times. Alcoholics Anonymous is not a place or an event; it exists in the hearts, minds and help freely offered by its members.

Most recently, Coronavirus (COVID-19) has affected many A.A. groups that normally would meet in- person. The General Service Office (G.S.O.) of Alcoholics Anonymous U.S./Canada, which functions as a repository for A.A. members and groups who are looking for shared experience from the A.A. Fellowship, has some general experience to share regarding this issue.

Some A.A. members have shared that meeting online has been an adjustment and has at times had its challenges. Adhering to state/provincial and federal guidelines, many A.A. members have switched from “in-person” meetings to digital meetings, on platforms such as *Zoom, Google Hangouts, Conference Calls, GoToMeeting and What's App*, allowing the group to continue to focus on A.A.’s primary purpose: to carry its message of recovery to the alcoholic who still suffers.

# The “Virtual” approach to Counteracting the Impact of COVID 19 on Behavioral Health

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## *Limitations of “Virtual” Connectivity*

- *Many individuals in need do not have access to technology*
- *The “home” of the client may not be the safest place for therapy*
- *Many in the Recovery Community are struggling with not having direct contact with the “Fellowship” putting them at risk of relapse*
- *Practitioners are experiencing “Virtual” burn out when working from home*
- *Technology issues like poor video/audio quality*
- *Limits on therapist’s ability to pick up on non-verbal cues*
- *Verification of sobriety through access to drug screening limited*

# Considerations for Self Care during the Pandemic

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## The Power of Ritual

and

5 Evidenced based practices for self  
care



# The Power of Ritual

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Superstition – “Fear-based” repetitive practice

Habit - “mindless” repetitive practice

Ritual - “mindful” repetitive practice

# The Power of Ritual

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Rituals are:

**mindful acts** - done with deliberate intention and focus

**multiple focused** - involve different elements and activities — they include multiple habits

**system-oriented** - a sequence of activities that are performed in a particular place and according to a set progression

# The Power of Ritual

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1. Rituals increase appreciation
2. Rituals transform the mundane
3. Rituals help celebrate life
4. Rituals build a stronger community
5. Rituals help us jump into action

# 5 Evidenced Based Strategies to Counteract the Impact of COVID 19 and Isolation

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1. 3 deep belly breaths
2. Acts of kindness
3. Focus on what you can control – “The Serenity Prayer was right!”
4. Exercise, healthy food and sleep
5. Gratitude

# Available Supports

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If you are a patient or family member or friend in need of immediate assistance:

- Disaster Distress Helpline ([SAMHSA](#))  
Call 1-800-985-5990 or text TalkWithUs to 66746
- National Suicide Prevention Lifeline ([Link](#))  
Call 800-273-8255 or [Chat with Lifeline](#)
- Physician Support Line ([Link](#))  
Call 1-888-409-0141
- Crisis Textline ([Link](#))  
Text TALK to 741741
- Veterans Crisis Line ([VA](#))  
Call 800-273-8255 or text 838255

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# Thank You for Participating!

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