Supporting Primary Care Clinicians to Address COVID-19 Behavioral Health Issues
Today’s presenters

Sandrine Pirard, MD, PhD, MPH
Vice President, Medical Director

Amy Pearlman, MSW, LICSW
Vice President, Clinical Provider Strategy
Goals for today

• Understand COVID-19’s impact on behavioral health

• Discuss the behavioral health (BH) conditions most likely to present in primary care during COVID-19

• Discuss screening and management of BH concerns

• Provide you and your practices resources to address BH
Chapter 01

Behavioral health impact of COVID-19
COVID-19 is impacting us in many different ways

✓ Fear, anger, anxiety, sadness, and depression
✓ Impacted families
✓ Death of loved ones
✓ Loss of jobs
✓ Loss of usual interactions
✓ Loss of routines and rituals
The impact is not static

A lot of research has looked at what occurs to the individuals and community after a disaster occurs.

The impacts of a disaster can mirror some of the impacts of the pandemic.

With the pandemic, the time line may not be as clear as with a specific event (such as a tornado or flood).

The process can be different for different people dependent on life circumstances.

Throughout this process, there is a process of grieving.

Source: https://www.samhsa.gov/dtac/recovering-disasters/phases-disaster
# Grief process

<table>
<thead>
<tr>
<th></th>
<th>Denial</th>
<th>Anger</th>
<th>Bargaining</th>
<th>Sadness</th>
<th>Acceptance</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>This virus won’t affect us</td>
<td>You are making me stay home and</td>
<td>If I social distance for 2</td>
<td>I don’t know when this will</td>
<td>This is happening. I need</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>taking away my activities.</td>
<td>weeks, everything will be</td>
<td>end.</td>
<td>to figure out how to</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ok, right?</td>
<td></td>
<td>proceed.</td>
<td></td>
</tr>
</tbody>
</table>

**Book:** Finding Meaning, The Sixth Stage of Grief, David Kessler

Source: [https://hbr.org/2020/03/that-discomfort-youre-feeling-is-grief](https://hbr.org/2020/03/that-discomfort-youre-feeling-is-grief)
Vulnerability to disaster due to…

Pre-event demographics
- Sex
- Age
- Culture
- Social support
- Pre-exposure to trauma
- Pre-existing mental health conditions

Event impact
- Duration & severity of impact
- Loss
- Displacement
- Bereavement
- Interruption of routines

Recovery factors
- Social support
- Professional support
- Financial/employment difficulties
- Relocation
Individuals report that they are experiencing emotional, physical, and financial impact as a result of COVID-19

**Emotional**
- 41% feel more stressed
- 45% report emotional well-being has worsened
- 34% increase in antianxiety medication prescriptions
- 55% feel more lonely

**Physical**
- 14% report physical health has worsened
- 24% report the ability to protect the health of their household has gotten worse
- 31% report the ability to access care has gotten worse

**Financial**
- 11.1% is the unemployment rate as of June 2020
- 79% worry the pandemic will trigger a recession

KFF.org – Coronavirus (COVID-19) Axios-Ipsos Coronavirus Index
Emotional toll

• The single most prevalent reason for depression is isolation.
• We are seeing an increased number of people who are struggling with remaining calm and managing their frustrations and emotions.
• There has been an uptick in domestic violence, anger, substance use, and suicide.
• The most vulnerable people are those:
  o With chronic medical and/or behavioral health illness, including substance use disorders
  o Those with economic hardship
  o Those without social support
Chapter 02

Behavioral health conditions anticipated to present in primary care
We anticipate the following clinical conditions to present in your offices

**Depressive disorders**
- Major depressive disorder
- Persistent depressive disorder (dysthymia)
- Premenstrual dysphoric disorder
- Post-partum depression
- Depressive disorder due to another medical condition
- Unspecified depressive disorder

**Anxiety and trauma-related disorders**
- Generalized anxiety disorder
- Panic disorder
- Specific phobia
- Social anxiety disorder
- Panic attack
- Post-traumatic stress disorder
- Adjustment disorder
- Acute stress disorder

*Pre-existing conditions increase vulnerability*
Psychological issues can present as somatic concerns, making diagnosis challenging

• Patients who go to the ER with acute chest pain may be suffering from either panic disorder or depression.

• Many patients with depression initially present with physical symptoms such as pain, fatigue, or worsening symptoms of a chronic medical illness.

• Although this type of presentation creates a challenge for primary care physicians, these patients are not likely to seek care through the mental health system.

It is likely that there will be an increase in sleep disturbances, GI disturbances, and somatic conditions.
Behavioral health disorders often present similarly to other medical conditions

<table>
<thead>
<tr>
<th>Medical condition</th>
<th>Symptoms</th>
<th>Differentiators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anemia</td>
<td>Fatigue, Apathy</td>
<td>Hemoglobin hematocrit, B12/Folate</td>
</tr>
<tr>
<td>Hyperthyroidism/Hypothyroidism</td>
<td>Apathy, Depression</td>
<td>Thyroid function tests</td>
</tr>
<tr>
<td>Neoplasm</td>
<td>Depression, Mood changes</td>
<td>Medical history, CT Scan, MRI, Ultrasound</td>
</tr>
<tr>
<td>Chronic Illnesses</td>
<td>Loss of appetite, Apathy</td>
<td>Medical history, Laboratory findings</td>
</tr>
<tr>
<td>CNS Disease</td>
<td>Depressed mood, Loss of appetite, Apathy</td>
<td>Medical history, Neurologic exam, Screening cognitive test, CT, MRI</td>
</tr>
</tbody>
</table>
Chapter

How to screen for behavioral health concerns
Screening tools for behavioral health disorders

**Anxiety**
- GAD-7

**Depression**
- PHQ-2/PHQ-9
  - If the PHQ-2 is positive for depression, the PHQ-9 should be administered.

**C-SSRS**
- Columbia Suicide Severity Rating Scale tool geared to further assess for suicidal risk

Engage appropriate level of behavioral health per protocol at your practice
## PHQ-9 scores and proposed interventions

<table>
<thead>
<tr>
<th>PHQ-9 Score</th>
<th>Symptoms</th>
<th>Intervention(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>None/Minimal</td>
<td>No Intervention</td>
</tr>
<tr>
<td>5-9</td>
<td>Mild</td>
<td>Watchful Waiting&lt;br&gt;Repeat PHQ-9 at Follow-Up</td>
</tr>
<tr>
<td>10-14</td>
<td>Moderate</td>
<td>Treatment Plan&lt;br&gt;Consider Counseling&lt;br&gt;Follow-Up and/or Pharmacotherapy</td>
</tr>
<tr>
<td>15-19</td>
<td>Moderately Severe</td>
<td>Active Treatment with Pharmacotherapy and/or Psychotherapy</td>
</tr>
<tr>
<td>20-27</td>
<td>Severe</td>
<td>Immediate Initiation of Pharmacotherapy and, if Severe Impairment or Poor Response to Therapy, Expedited Referral to a MH Specialist for Collaborative Management</td>
</tr>
</tbody>
</table>
## GAD-7 scores and proposed intervention

<table>
<thead>
<tr>
<th>GAD-7 Score</th>
<th>Symptoms</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td>Mild</td>
<td>No intervention, self-guided supports</td>
</tr>
<tr>
<td>6-10</td>
<td>Moderate</td>
<td>Discuss counseling or self-guided supports; follow-up and/or pharmacotherapy</td>
</tr>
<tr>
<td>11-15</td>
<td>Moderately severe anxiety</td>
<td>Active treatment with pharmacotherapy and/or psychotherapy</td>
</tr>
<tr>
<td>15-21</td>
<td>Severe anxiety</td>
<td>Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a MH specialist for collaborative management</td>
</tr>
</tbody>
</table>
Screening tools for substance use disorder (SUD)

• **Alcohol:** CAGE (4 items), AUDIT-C (3 items), AUDIT (10 items)

• **Drugs:** CAGE AID (4 items, alcohol + drugs), DAST-10 (10 items), ASSIST (alcohol + drugs)

• **Pregnant women:** 4Ps (5 items), 5Ps (8 items), TWEAK (4 items), T-ACE (5 items)

• **Adolescents:** CRAFT (6 items)

**SAMHSA:** [https://www.integration.samhsa.gov/clinical-practice/screening-tools#drugs](https://www.integration.samhsa.gov/clinical-practice/screening-tools#drugs)

SBIRT: Screening, Brief Intervention, Referral to Treatment

Screening
Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment. Screenings take place in trauma centers, emergency rooms, community clinics, health centers, and school clinics. Screening can be done through one to five pre-screen questions based on evidence from NIDA and NIAAA.

Brief Intervention
Brief Intervention and Brief Therapy use motivational interviewing techniques to increase a person's awareness of substance use and encourage changes in behavior.

Referral to Treatment
Referral to treatment offers a connection to specialty care for individuals who are in need of treatment for substance use.
Chapter 04

How to manage behavioral health concerns
Psychopharmacology: The basics

Golden rule: Start low, go slow

• **Antidepressants**
  ✓ Rule out bipolar disorder
  ✓ Monitor for suicidal ideation or unusual change in behavior; increased risk of suicidality in children, adolescents, and young adults (black-box warning)
  ✓ Common side effects often improve within the first two weeks of treatment; a low-starting dose might help increase tolerance and adherence

• **Anxiolytics**
  ✓ Avoid long-term use; if tapering after long-term use, go slow
  ✓ Favor antidepressants for treatment of anxiety
  ✓ Monitor for abuse potential

• **Antipsychotics**
  ✓ Side effects can be significant, prescribe with caution
  ✓ Monitor closely for weight gain and metabolic side effects
  ✓ Monitor for abnormal movement
  ✓ Monitor use of LAIs and other antipsychotics, particularly clozapine, post-COVID-19

• **Medication-assisted therapy**
  ✓ Assess adherence during COVID-19
  ✓ Assess current regimen
  ✓ Assess current access to support
  ✓ Stick with basic principles of treating chronic long-term illness (slip, not fall)
Sleep is critical to good behavioral health

- Sleep hygiene
- Sleep rituals
- Change in diet
- Supplements like Mg
- Medications:
  - Melatonin
  - Allergy meds
  - Antidepressants like Trazadone, Remeron
  - Caution with Benzodiazepines (only short-term use)
  - Sleep meds (Ambien, Lunesta, Sonata, Silenor) (monitoring, short-term use)
How does behavioral health assist?

- Behavioral health can focus on brief, solution-focused interventions.
- Some of these interventions may include:
  - Behavioral activation
  - Mindfulness
  - Motivational interviewing
  - Cognitive Behavioral Therapy (CBT)
  - Relaxation techniques
  - Sleep hygiene
Mindfulness exercise

Guided Imagery Mindfulness Technique

Just follow along
Targeted outreach

- Pandemic is associated with significant emotional toll; patients with pre-existing BH or SUD conditions are at increased risk.
- Targeted outreach can help prevent decompensation.
- Risk factors include pre-existing condition, history of trauma, isolation, domestic violence, poor medication adherence, recent discharge from high level of care, recent ED visit, history of suicide attempt or self-injurious behavior and history of substance use.
- Psychotropic medications are often associated with side effects early on, even a brief check-in by phone or email can increase chance of adherence.
Chapter 05

Massachusetts-specific resources
The Massachusetts Consultation Service for Treatment of Addiction and Pain (MCSTAP): Free consultation on safe prescribing

- Offers real-time phone consultation to PCPs on safe prescribing and managing care for adults with chronic pain and/or SUD
- Provides information on community resources to address the needs of these patients
- Available Monday – Friday, 9 a.m. – 5 p.m.
- Provides free consultations on all patients statewide, regardless of insurance
- Available at 1-833-PAIN-SUD (1-833-724-6783)
- Funded by the Massachusetts Executive Office of Health and Human Services
How can MCSTAP help you and your patients?

• Assists clinicians in using evidence-based practices when prescribing opioids and use of medication for treating SUD

• Consults on key questions, including managing medications to holistic chronic pain management

• Provides personalized real-time and ongoing professional coaching on providers’ most complex patients

• Identifies community-based resources that can address patients' needs

• Helps build practices’ capacity to care for complex patients with chronic pain or SUD
The Massachusetts Child Psychiatry Access Program (MCPAP): Free consultation for pediatricians

• Aims to improve a pediatric team’s competencies in:
  o Screening, identification, and assessment
  o Treating mild to moderate cases of behavioral health disorders
  o Making effective referrals to community services
  o Coordinating care for patients who need community-based specialty psychiatric and behavioral health services

• Three regional teams: Boston North (MGH and NSMC); Boston South (BCH, Tufts, McLean SE); Western/Central (UMass and Baystate)
  o Consist of child psychiatrists, licensed therapists, resource and referral specialists, and program coordinators
  o Respond to inquiries from primary care providers and/or on-site behavioral health clinicians within 30 minutes

• For more information visit www.mcpap.org
• Available Monday – Friday, 9 a.m. – 5 p.m.

Boston North: 855-627-2763 | Boston South: 844-636-2727
Western/Central: 844-926-2727
Additional resources: Child abuse

If you or your staff suspect child abuse and/or neglect, reports **must be phoned in** to the Department of Children and Families (DCF).

Please **call immediately** if you know of, or suspect, an incident of child abuse or neglect. Call the DCF area office that serves the city or town where the child lives during regular business hours (8:45 a.m. – 5 p.m., Monday - Friday).


During nights, weekends, and holidays, call the Child-at-Risk Hotline at **1-800-792-5200**.
Additional resources: Domestic violence

Resources related to domestic violence:

Domestic Violence Programs for Survivors
https://www.mass.gov/service-details/domestic-violence-programs-for-survivors

The National Domestic Violence Hotline
https://www.thehotline.org/help/
There are self-guided applications that can assist individuals in some somatic concerns.

These self-guided applications often include some aspects of challenging thinking patterns, relaxation techniques, mindfulness, and behavioral activation.

Some of the more common ones include:

- MyStrength
- What’s Up
- Happify
- Headspace
- Calm
In conclusion
When individuals return for routine office visits

• It is likely that there will be more reports of depression and anxiety.

• It is likely that there will be an increase in sleep disturbances, GI disturbances, and somatic conditions.

• Primary care patients may feel that they are not “entitled” to or “couldn’t possibly” be experiencing mental or behavioral health distress because they:
  
  o Haven’t experienced things as severely as others and are comparing relative levels of distress

  o “Have to be the strong one” in their family because someone else is ill or experiencing distress

  o Are fearful of stigmas associated with “not handling” distress and/or “needing help”
Q & A
If you found this webinar helpful . . .

Please share with your primary care colleagues. A recording and call materials will be posted here:

• www.beaconhealthoptions.com/coronavirus/provider-resources
• https://providertoolkit.beaconhealthoptions.com/
Thank you