

COVID-19

CORONAVIRUS DISEASE

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Behavioral Health During COVID-19

Tips and Strategies for Helping Patients Manage Distress

TMA COVID-19 TASK FORCE AND TMA SUBCOMMITTEE ON BEHAVIORAL HEALTH

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What stressors are patients experiencing during COVID-19 that may have a negative effect on overall mental health? (See: [Substance Abuse and Mental Health Services Administration \(SAMHSA\): Taking Care of Your Behavioral Health During Infectious Disease Outbreak](#))

For several reasons, physicians are likely to encounter patients for whom COVID-19 has created unfamiliar feelings of distress, or intensified distress they were already experiencing:

- **Uncertainty.** The virus itself is still not well understood, it is unclear how long the pandemic will last, and patients don't know if they or someone they care about will become ill. Uncertainty can contribute to anxiety and worry.
- **Financial and resource strain.** Many people are out of work or working less. People may be struggling to feed their families, pay bills, or are worried about losing their sources of income and health insurance. Even those fortunate to have a steady income may be struggling to manage new routines or demands on their time, such as working remotely and educating their children at home.
- **Social isolation.** While social distancing is necessary to slow the spread of COVID-19, it disconnects many people from their usual support systems. Spending long periods of time away from close friends and family can be isolating and detrimental to mental health.

With other systems (e.g., schools) closed or in limited operation, medical care may be among the few remaining connections patients have to outside professional support.

As a physician, what can I do to check on patients' mental health during COVID-19?

Regardless of the purpose of the encounter, patients seen in person or via telemedicine can and should be asked how they are coping. This can be accomplished with simple, plain-language questions, such as:

- How are you adjusting?
- Do you have concerns about what's going on?
- Do you have a support system?
- Do you have someone you can reach out to if you are feeling anxious or depressed?

Physicians can incorporate use of validated brief screening tools for depression and anxiety, such as the [PHQ-9](#) for depression, the [GAD-7](#) for adult anxiety, and [SCARED](#) for anxiety in children ages 8-18.

It is likely that certain patients will be at increased risk of family violence due to extended confinement at home. Asking patients if they are safe at home is also an advisable first step.

Discussing mental health with patients is not a routine part of patient encounters in my practice. What tips can I keep in mind for doing this well?

Remember: the same skills physicians use to build rapport, develop relationships, and assess patients for physical issues apply to mental health issues. Just as with physical complaints, the physician can ask:

- How severe is it? Physicians can ask the patient to rate distress on a one to 10 scale, just like for physical pain.
- How long has it lasted?
- What makes it better or worse?
- Is it limiting function? In other words, is the patient having trouble working, caring for children, or accomplishing day-to-day tasks?
- What are the associated symptoms? For mental health issues, also consider changes in sleep, appetite, energy level.
- Have you had a similar problem in the past?

Once the physician has gathered information about the problem and its severity, a plan for treatment and recovery begins as it would for any other medical issue.

- Does the patient require medication?
 - If so, am I comfortable prescribing it?
- Does the person need to see a specialist?
 - If so, is the most appropriate referral to a psychiatrist, licensed counselor or social worker, or back to their primary care physician (if you are a subspecialist)?
- What treatment can I recommend the patient try at home?
- What community resources are available to help address the issue?

What physical factors should I pay attention to that could potentially indicate a behavioral health concern?

Not all patients will explicitly report mental distress. Several behavioral health conditions can present with associated physical symptoms, including but not limited to:

- Sleep disturbance
- Sudden changes in appetite or weight
- Headaches

- Muscle aches
- Chest tightness or shortness of breath
- Stomach aches

Physical complaints should not be assumed to relate to mental health, but should be considered in differential diagnosis. Stress, coping, and depression should be assessed as part of a physician's review of these complaints.

If I detect a patient might be in mental distress and they are not in immediate danger, what can I do next? (See: American Academy of Family Physicians: [Managing Behavioral Health Issues in Primary Care: Six Five-Minute Tools](#) and Harvard University: [Coping with Coronavirus Anxiety](#))

Many patients who are not in immediate danger can benefit from brief, in-office interventions for managing mental distress. These should be considered after the physician (a) confirms the patient is not in crisis, and (b) makes an appropriate behavioral health referral if the necessary care is outside of the physicians' scope.

First, ask patients what they are already doing to cope. Physicians can help identify and encourage healthy coping strategies such as exercise, journaling, art, music, or spending time outdoors (with appropriate social distancing). It is also an opportunity for the physician to ask about unhealthy coping strategies, such as alcohol or drug use that might require further intervention or referral to specialized care.

Listed below are sample brief interventions for general distress. They can be performed in office – usually in less than two minutes – or can be recommended for patients to try at home. All are free, and most are appropriate for both adults and children.

- A technique called “box breathing” can help with calming during heightened distress. Several short YouTube videos are available to demonstrate the technique and can be taught in-office in about 90 seconds.
 - [Box Breathing Exercise - YouTube](#)
 - [What Is Box Breathing? \(With Guided Breathing Exercise\) - YouTube](#)
- The [Calm](#) app has several guided meditations and demonstrations of breathing techniques on the free version of the app.
- The [WoeBot](#) app features an automated conversational chatbot that teaches cognitive behavioral therapy skills and can help patients monitor their moods.
- For children under 6, the [Breathe, Think, Do](#) app offers several breathing and calming exercises featuring Sesame Street characters. It also includes a parent section with tips and strategies for helping young children navigate challenging issues.

Finally, physicians can remind patients about 24/7 mental health support resources.

The Texas Health and Human Services Commission is operating a 24-hour COVID-19 mental health support line at **(833) 986-1919**.

The United States Substance Abuse and Mental Health Services Administration has a disaster distress resource center. Visit the [Disaster Distress Helpline](#), call **(800) 985-5990**, or text **TalkWithUs to 66746**.

To refer patients with severe mental illness or substance use concerns for specialized care, visit the Texas Health and Human Services Commission's (HHSC) [Find Your Local Mental Health or Behavioral Health Authority](#) search tool for referral destinations in your area.

For local community resource referrals, visit HHSC's [Where Can I Find Services?](#) search tool.

What if I identify a patient is in immediate mental crisis or could be in danger?

As with any other health issue, if the physician is concerned a patient is in immediate danger, connect them with help immediately. Mental illness can be deadly and should not be treated differently from physical illness when access to care in emergent settings is clinically indicated.

Many communities have dedicated psychiatric emergency departments that can safely be accessed during COVID-19, and some larger cities and counties in Texas have mobile mental health crisis units. Identify a safe adult who can transport the patient to an emergency care setting if possible. If none, EMS can be used as a last resort.

Increased confinement at home during COVID-19 may be placing some patients at heightened risk of family violence. If a patient indicates they are not safe at home or if family violence is suspected, be prepared to offer appropriate referrals to crisis hotlines, family violence resources, or how to report to law enforcement in your local community. This is also a good opportunity for physicians to refresh themselves on their obligation to [report](#) suspected abuse and neglect of children, older adults, and people with disabilities.

Resources:

- The [National Suicide Prevention Lifeline](#) can be accessed 24/7 at **(800) 273-8255**.
- For patients experiencing intimate partner violence, visit the [National Domestic Violence Hotline](#) or call **(800) 799-7233**.
- To report suspected abuse or neglect, visit the [Texas Abuse Hotline](#) or call **(800) 252-5400**.
- A 911 call should be made in emergency or life-threatening situations requiring immediate intervention.

Can I use telemedicine to address behavioral health needs? Are there certain behavioral health services not conducive to telemedicine? What can be done for these patients? (See: American Psychiatric Association's [Best Practices in Videoconferencing-Based Telemental Health](#) and [Telepsychiatry Toolkit](#))

Telemedicine can be a beneficial way to address mental health concerns for the majority of patients. Many patients are comfortable in their own home, scheduling is often more convenient, concerns with transportation and time may be reduced, and adolescents and young adults especially are comfortable using technology to communicate. Telemedicine can also reach patients in rural areas where behavioral health professionals are otherwise in limited supply.

Some clinical situations may be less conducive to traditional telemedicine and require modification, including:

- **Therapy for young children.** Telemedicine visits with very young children may be difficult with technology. Therapists can use shorter visits and focus on teaching parents skills they can use with young children.
- **Patients with severe mental illness.** Patients who have acute schizophrenia, acute exacerbations of bipolar disorder, or depression with suicidality or psychosis need to be seen more frequently and often in-person. Telemedicine can be used to check in with household members or caregivers of these patients, though, to ensure support systems are intact.

Physicians should also consider modifications for families facing economic hardship or patients in very rural areas. Some may not have reliable access to internet coverage or limited data on phones. For those families, sometimes telephone-only visits are appropriate.

In general, how can I talk to patients who are concerned about how COVID-19 is impacting their everyday lives? (See [Center for the Study of Traumatic Stress: Caring for Patients' Mental Well-Being During Coronavirus and Other Emerging Infectious Diseases: A Guide for Clinicians](#) and [American Academy of Pediatrics: Talking to Children about COVID-19](#))

Many patients are concerned about how COVID-19 is impacting their lives and families. Here are some messages physicians can deliver that patients may find reassuring:

- **Educate.** Based on everything we know, most people – especially most children – who contract COVID-19 will not have severe illness and are likely to fully recover.
- **Help people feel part of something bigger.** Right now, the whole community is working together to keep everyone healthy and safe, especially those who are vulnerable to serious illness.
- **Offer a sense of control.** We know there are things we can all do to help, like handwashing, social distancing, and staying home when possible.
- **Validate uncertainty.** This is a new experience for all of us. There is no handbook for the “right way” to restructure our lives or deal with new challenges COVID-19 has introduced.
- **Encourage resilience.** Safe, stable, and nurturing relationships help shield everyone from trauma and distress. Showing care and kindness to loved ones is a powerful way to help everyone stay strong and resilient, regardless of the challenge.

Should physicians be attuned to negative effects of media exposure on their patients? (See: Garfin DR, Silver RC, & Holman EA. (2020). [The novel coronavirus \(COVID-2019\) outbreak: Amplification of public health consequences by media exposure](#). Health Psychology, 39(5), 355-357.)

Physicians might find some patients are experiencing “information overload” during COVID-19. It can help to encourage patients to limit media exposure if it seems to be heightening distress. How much to consume or limit will vary by individual. However, if thoughts are overwhelming, intrusive, or interfering with other daily activities, physicians can help patients recognize those as signs that it is time to disconnect.

Physicians need to be prepared to correct misinformation their patients may repeat in simple non-medical jargon, and to encourage patients to seek information from reliable sources such as the [Centers for Disease Control and Prevention](#).

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