Dear Colleague
COVID-19 Updates

Connections. Original artwork by Queenie Wong, 2020.

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Updated Guidance

- Next Webinar for Providers (January 22, 1 p.m.): Building Vaccine Confidence Among Providers, Staff and Patients
- Framework for Providing Outpatient Medical Care in NYC During Winter 2020-2021 (December 31)
- SARS-CoV-2 Testing Overview (December 23)
- Health Advisory #39: Proper Use and Interpretation of SARS-CoV-2 Antigen Tests (December 14)
- Post-COVID Care Clinics (December 7)
- Behavioral Health Resources for Health Care Providers and Personnel During COVID-19 (December 1)
- NYC Health Department COVID-19 Web pages
    - Information for Providers
    - COVID-19: Mental Health and Substance Use
    - COVID-19 Vaccine Information for Providers
    - Resources for Health Care Facilities
    - COVID-19 Data
    - Telehealth Tips

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Behavioral Health and Suicide Prevention During COVID-19

The COVID-19 public health emergency is a traumatic event that can lead to behavioral health challenges such as depression, anxiety, increased alcohol or drug use, increased thoughts of suicide, and domestic or intimate partner violence. Many New York City (NYC) residents are also reeling from recent incidents of police brutality and a long history of systemic racism. These concurrent public health crises (COVID-19 and racism) are significant stressors that contribute to the trauma and loss that so many people are experiencing. Health care providers can raise awareness of how trauma affects health, provide support, and refer patients to appropriate services.

Behavioral Health Impacts of the COVID-19 Public Health Emergency

The COVID-19 public health emergency has had a significant emotional impact on many New Yorkers. Many have lost jobs or are struggling to maintain financial and familial responsibilities and may be experiencing fatigue, mood changes, trouble concentrating or regulating sleep, or changes in their use of tobacco, alcohol or other drugs. The NYC Department of Health and Mental Hygiene (Health Department) recently released results of a survey administered in April and May of adult New Yorkers on the behavioral health impact of the COVID-19 public health emergency: 44% reported experiencing symptoms of anxiety related to COVID-19, 36% reported symptoms of depression in the past two weeks, and 14% reported an unmet need for mental health services since the stay-at-home order was implemented (Magas 2020). In a national survey, 13% of respondents reported having started or increased substance use to cope with stress or emotions related to COVID-19 (Czeisler 2020).

Some New Yorkers may need more support to cope with trauma and stressors. Individuals with previous psychiatric illnesses such as post-traumatic stress disorder (PTSD), anxiety, and mood disorders are at increased risk of experiencing an exacerbation of symptoms during a new traumatic event. Essential workers in supermarkets, public transportation, sanitation, nursing homes, and health care settings can be at greater risk of COVID-19 and may thus be more vulnerable to developing new mental health symptoms, experiencing a worsening of existing symptoms or an increase in substance use. The combination of the pandemic, social injustice, and economic challenges may trigger new psychiatric challenges as well.

Additionally, individuals may be at increased risk of domestic or intimate partner violence due to long-term confinement in the home, reduced access to traditional coping activities, and financial, housing and other stressors. Providers can offer support by acknowledging that everyone has a right to a healthy relationship and by offering options for getting help. Share the

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resources available through the NYC HOPE website and their Domestic Violence Hotline (800-621-4673), and convey that people experiencing violence should call 911 in an emergency.

Racial Disparities, COVID-19 and Mental Health

The COVID-19 public health emergency has highlighted the stark disparities in health outcomes that place the burden of disease on people of color. Latino and Black New Yorkers are more likely to be diagnosed with COVID-19 and experience severe illness compared to other racial/ethnic groups (NYC Health Department 2020). National data on Indigenous populations, including data from New York State, show COVID-19 incidence and mortality is also higher among American Indians/Alaska Natives compared to non-Hispanic Whites (Arrazola 2020). Inequities in health outcomes are perpetuated by systemic racism that assigns value and opportunities based on race and ethnicity, and are driven by policies, practices, resources and power relations rooted in white supremacy. As a result, communities of color may not have equitable health outcomes. Systemic racism disproportionately places people of color at risk of infection and death from COVID-19. Persons within these communities may be more likely to know someone who died or survived very complex medical situations, or have experienced other disruptions or traumas related to the pandemic, stresses that can create or contribute to a cumulative health disadvantage across generations (Cooper 2020).

The economic disruption of the COVID-19 public health emergency has exacerbated long-standing racist structures that place people of color at increased risk of job loss, financial instability and resource constraints. The additional burden of financial stress on communities of color places them at increased risk of adverse mental health outcomes. In the U.S., Latino, Black and Indigenous people are more likely to have suffered economic insecurity during the pandemic (National Public Radio, Robert Wood Johnson Foundation and Harvard T.H. Chan School of Public Health 2020; Goha 2020). In NYC specifically, Latino and Asian adults were more likely than White adults to report job loss or reduced work hours; and Latino adults were more likely than White adults to report feelings of financial stress due to the pandemic (Magas 2020). Providers can learn about ways to address health inequities and should consider reaching out to patients from communities hardest hit by COVID-19 to offer mental health support services and screen for possible mental health conditions.

Neuropsychiatric and Long-Term Neurologic Sequelae Associated With COVID-19

Providers should screen for and treat psychiatric disorders directly related to SARS-CoV-2 infection. COVID-19 has been linked to a variety of neurologic conditions that may manifest psychiatric symptoms. A small percentage of people with COVID-19 have developed acute

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encephalitis, which can present with confusion, short-term memory deficits, and changes in personality, mood and behavior (Benameur 2020). COVID-19 can also cause acute strokes, even in younger people, and stroke survivors have a high prevalence of psychiatric disorders, especially depression (35%), anxiety (25%) and changes in affect (20%) (Fifi 2020; Johns Hopkins).

People recovering from the acute effects of COVID-19 may go on to experience long-term neurologic symptoms of fatigue and difficulty concentrating (Tenforde 2020). These "long-haulers" may suffer from post-viral myalgic encephalomyelitis/chronic fatigue (ME/CF), a poorly understood phenomenon that is known to occur after infection from a variety of related viruses, including Middle East Respiratory Syndrome (MERS) and severe acute respiratory syndrome (SARS) coronaviruses (CDC 2018; Lee 2019; Perrin 2020). The newly identified complication of "COVID fog" or "brain fog" has been described as a mental slowing or difficulty concentrating (Columbia University Irving Medical Center 2020; Garrigues 2020). Providers should inform COVID-19 patients that prolonged symptoms are common and that it may take weeks or months for lingering symptoms to dissipate. Focus care on alleviating symptoms, beginning with the most bothersome.

Suicide Prevention

Health care providers play an important role in reducing the number of suicide attempts and deaths by increasing awareness about suicide and its devastating impact on individuals and communities. Certain risk factors (Box 1) are associated with a greater likelihood that a person attempts or dies from suicide (although many people can experience these risk factors without considering suicide). Isolation and loss related to COVID-19 have caused many New Yorkers to experience some of these risk factors for the first time or in new ways. Being aware of the risk factors and warning signs (Box 2) helps providers identify people who might be at risk of suicide and could benefit from further assessment.

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Box 1. Suicide Risk Factors (CDC 2019)

- Family history of suicide
- Family history of child maltreatment
- Previous suicide attempt(s)
- History of mental disorders, particularly clinical depression
- History of alcohol and substance abuse
- Feelings of hopelessness
- Impulsive or aggressive tendencies
- Cultural and religious beliefs (for example, belief that suicide is a noble resolution of a personal dilemma)
- Local epidemics of suicide
- Isolation, a feeling of being cut off from other people
- Barriers to accessing mental health treatment
- Loss (relational, social, work or financial)
- Physical illness
- Easy access to lethal methods

Box 2. Suicide Warning Signs (NYC Health Department 2020)

- Talking about death or suicide
- Showing feelings of hopelessness or helplessness
- Saying they are a burden
- Avoiding friends and family
- Losing interest in activities
- Displaying extreme mood swings

Providers in all settings and of all specialties who are concerned that a patient may be thinking about suicide should ask about thoughts of suicide and any intention or plans to act on these thoughts. In doing so, providers should bear in mind the cultural sensitivity needed for introducing the subject. For example, speaking about mental health challenges and thoughts of suicide may be less common and less accepted in some cultures and communities. Review resources for culturally competent approaches to suicide prevention.

Asking about thoughts of suicide or a person's mental and emotional well-being creates an opportunity for the person to open up and accept help. Providers should follow their office or agency's policies for screening and referring a person to care, including to the counselors

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available 24/7 at NYC Well. If you believe someone is at immediate risk of hurting themselves, call 911.

Support Self-Care and Healthy Work Environments

Take time to support the well-being of yourself and your staff during these stressful times. These tips can help you and your staff manage stress and remain effective in your role.

1. **Support self-care**: Lead by example and normalize taking care of oneself in work settings. Monitor yourself and others for signs of duress and assess the need for help with coping. Encourage staff to reach out to supervisors and others for help.
2. **Model a balanced schedule:** Lead by example and avoid work-related communications outside of work hours to truly critical needs. Encourage staff to take needed time off.
3. **Share mental health resources:** Educate staff about the emotional responses to stress and share NYC resources on coping and stress management. Ensure staff know how to receive emotional and wellness support and psychosocial services for themselves and their families. Many facilities offer a Worksite Wellness or Employee Assistance Program. Support is also available from the counselors at NYC Well. Trained counselors at NYC Well are available 24/7 in over 200 languages. Call 888-NYC-WELL (888-692-9355), text "WELL" to 65173**,** or chat at nyc.gov/nycwell. Consider calling NYC Well with the individual you are referring to make the first connection.
4. **Share information on how to prevent COVID-19:** Engage staff about safety practices to prevent the spread of COVID-19 at home and in the workplace, which can reduce stress, calm anxiety, and support functioning.
5. **Establish a "buddy" system:** Encourage your staff to "buddy up" and check in on each other. To make staff feel less alone, allow time for regular check-ins during remote team meetings and schedule check-ins with staff working in the community.

Taking Care and Building Resilience

A public health emergency is stressful, especially one as all-encompassing as COVID-19. COVID-19, as a novel disease, is fraught with uncertainties and has impacted nearly every facet of our lives, including hindering human interactions and physical connections to friends and loved ones. How people react to stress and trauma, such as whether and where they seek help, whether and how they talk about their thoughts and feelings, and how they cope, can vary across racial, ethnic, cultural, regional and religious groups. Empathy and active listening from a provider can go a long way in supporting healthy coping and the sense that recovery is possible. Expressing interest in a person's personal situation, inquiring about their job, housing, relationships, and living situation, and acknowledging racial and social injustices, may give

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people a chance to talk more freely about their feelings and the ways they are trying to cope. This creates an opportunity to normalize these experiences.

Health care providers can address mental health challenges and promote resilience by assessing individuals who are under duress, linking them with support and care, and being aware of which communities and individuals may be at greater risk of behavioral health challenges, including suicide. Providers should administer care without judgement and remember that changes in affect or mental health can be due to multiple socioeconomic factors and/or complications of SARS-CoV-2 infection. As frontline workers of this pandemic, attention to self-care for providers and their colleagues is crucial to the continued efforts for providing medical and behavioral health care to all New Yorkers.

Stay Up to Date

- Sign up to receive NYC Health Alerts.
- Join the City Health Information network to receive this newsletter by email.
- Register for the monthly NYC Health Department's COVID-19 Provider Webinar.

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