

# Managing Mental Health in Primary Care – Lockdown and Beyond ...

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# Focus of Presentation

Challenges to Mental Health in 2020 and onwards - some of the things to look out for and how to address them.

# Mental Health – What is it?

The definition of mental health has not changed, but since 2020 and COVID-19, it is likely that more people will have developed mental health problems, or will have their existing mental health compounded.\*

Factors which affect mental health have changed.

Most things are more difficult, BUT some things are easier e.g. Agoraphobia.

# COVID-19 & Lockdown - Impact on Mental Health 2020 – 2021+?

1<sup>st</sup> Lockdown in England – 23<sup>rd</sup> March 2020 – 4<sup>th</sup> July 2020.

2<sup>nd</sup> Lockdown in England 5<sup>th</sup> November 2020 – 2<sup>nd</sup> December 2020.

3<sup>rd</sup> Lockdown in England 6<sup>th</sup> January 2021 – 12<sup>th</sup> April - easing of lockdown, at present easing will continue until June 2021.

The impact in my opinion has been cumulative, has been felt by everyone, and will continue to for a number of years.

# COVID-19 Forecast Modeling Tool Kit – Adult Data (Oct 2020)

Population group	Research study author	Number of people in population group (pre-Covid)	Research determined increase (percentage)	Mental health condition
General population without pre-existing mental health conditions	Fancourt et al	0	16.3%	Moderate severe anxiety
	Fancourt et al	0	22.3%	Moderate severe depression
People with pre-existing mental health conditions	Fancourt et al	0	67.4%	Moderate severe anxiety
	Fancourt et al	0	56.3%	Moderate severe depression
Healthcare workers	Maunder et al	0	30.4%	Burnout
	Maunder et al	0	13.8%	Post traumatic distress
	Maunder et al	0	44.9%	High psychological distress
People recovering from severe Covid-19	Bienvenu et al	0	41.0%	Anxiety (38%-44%)
	Bienvenu et al	0	29.5%	Depression (26-33%)
	Bienvenu et al	0	23.0%	PTSD (22-24%)
Adult family members of those recovering from severe Covid-19	Davidson et al	0	19.5%	Anxiety (15-23%)
	Davidson et al	0	6.0%	Depression
	Davidson et al	0	35.0%	Post traumatic stress disorder
Bereaved people	Lurndorff M et al	0	9.8%	Prolonged grief disorder
	Lurndorff M et al	0	14.0%	Post traumatic stress disorder
	Gries et al	0	18.4%	Depressive symptoms
People economically affected by Covid-19	Paul K et al	0	8.2%	Major depression

Reference: Centre for Mental Health in conjunction with the NHS Oct 2020 – table colours just to define lines..

<https://www.centreformentalhealth.org.uk/publications/covid-19-and-nations-mental-health-october-2020>

# COVID-19 Forecast Modeling Tool Kit Cont'd.

The model predicts in England that **up to 10 million people (almost 20% of the population)** will need either new or additional mental health support as a direct consequence of the crisis.

1.5 million of those will be children and young people under 18.

Some groups are more at risk of experiencing mental ill health: people with existing mental health conditions, NHS workers, ICU patients and their families, bereaved and those affected by financial difficulties

As further evidence becomes available, the figures may rise as the extent of the unequal effects of the pandemic on, e.g. Black and minority ethnic communities, on care homes and disabled people becomes clear.

# Biopsychosocial Impact of COVID-19

The Virus itself - COVID-19 - and health impact including death.

Exacerbation of existing physical and mental health conditions.

Media Coverage and Statistics.

Fear for Health.

Fear for Financial Security.

Isolation – living alone, dying alone, giving birth alone.

Domestic Violence.

Home Schooling.

Pressure to “do”... increased work hours, learn how to bake bread, get fit etc!

Unhealthy coping strategies: overuse of alcohol and drugs, gambling, restricted or increased eating.

# Impact on Mental Health...

On the whole, in the last year there has been a detrimental impact on mental health, with people commonly presenting with:

Anxiety – Health and Social (exceptions - agoraphobia and pre-existing social anxiety).

Depression.

OCD.

Complicated Grief.

PTSD and Trauma Response.



# How to Address Mental Health

Medication and Therapy still work...

How therapy is offered has changed – greater accessibility and good efficacy of Therapy using Video Technology e.g. Face-to-Face via Skype

*Further Reading – How Mental Health Care Should Change as a Consequence of the COVID-19 Pandemic (September 2020)*

*[www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30307-2/fulltext](http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30307-2/fulltext)*

There are other important solutions, including economic solutions e.g. Furlough Scheme. We also need to look to community and social interventions. These are broader than remit of this talk.

# What can you do as a GP?

**Do what you do best – listen, question, try to understand, do and/or refer on?**

# What to Listen out for?

Pre-existing Mental Health Difficulties and those exacerbated by COVID-19 or a response to COVID and lock down. For example:

Anxiety – Worries – what are they? – past/present and future thoughts. How fixed are these worries?

Depression – Thoughts, Behaviours, Emotions (see also slide 15).

Trauma - Physical, Psychological, Intrusions, Hypervigilance, Avoidance.

Grief and Loss – What and How.

# Silent Communications – NVC and Situation

## **NVC**

Video Vs Phone – will vary form of NVC observe.

Eye Contact.

Tone of Voice and Pressure of Speech.

## **Situation**

Clearer on video calls.

Privacy

View into living conditions.

# What to Ask?

## **To explore thoughts more:**

What were you thinking about just before you started to feel that way?

What is the worst that could happen if that were true?

If someone you cared about said X (X = thought), what would you advise them?

## **To explore emotions more:**

How would you describe how you feel?

What is that like?

Check duration/frequency/intensity (scales can be helpful 1-10 or %)?

## **To explore behaviours more:**

What do you do?

How often do you do that?

Does it/How does that help?

Do you do that on your own or when other people are around.

# Understand and Do?

Addressing Mental Health is multifaceted – Biopsychosocial, some of which is beyond your scope and influence, but may enhance or reduce the efficacy of what you do.

# Red Flags - Suicidality – Things to Consider

Helpless and/or hopeless, Anxious and Agitated can also present with Anger and Seeking Revenge.

Fleeting thoughts Vs plans.

Past suicide attempts.

Isolation.

Gender (men more likely to commit suicide – Ref: Office of National Statistics Nov 2019).

Age (Highest in men 45-49).

Recent traumas and losses.

Health Conditions.

Drug and alcohol use.

Willingness to engage in plans to reduce risk e.g. develop a safety plan, call Samaritans/MH Helpline.

Stockpiling Pills.

Putting affairs in order.

# When to Refer

When obvious psychological distress that is not transitory in nature.

The individual has insight and motivation to make changes.

When the level of distress is high, a combination of medication and therapy is helpful.



Thank you for listening and Questions

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