

MENTAL HEALTH AND IDD DURING COVID-19

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FACULTY/PRESENTER DISCLOSURE

- **Relationships with financial sponsors:**
 - None to report

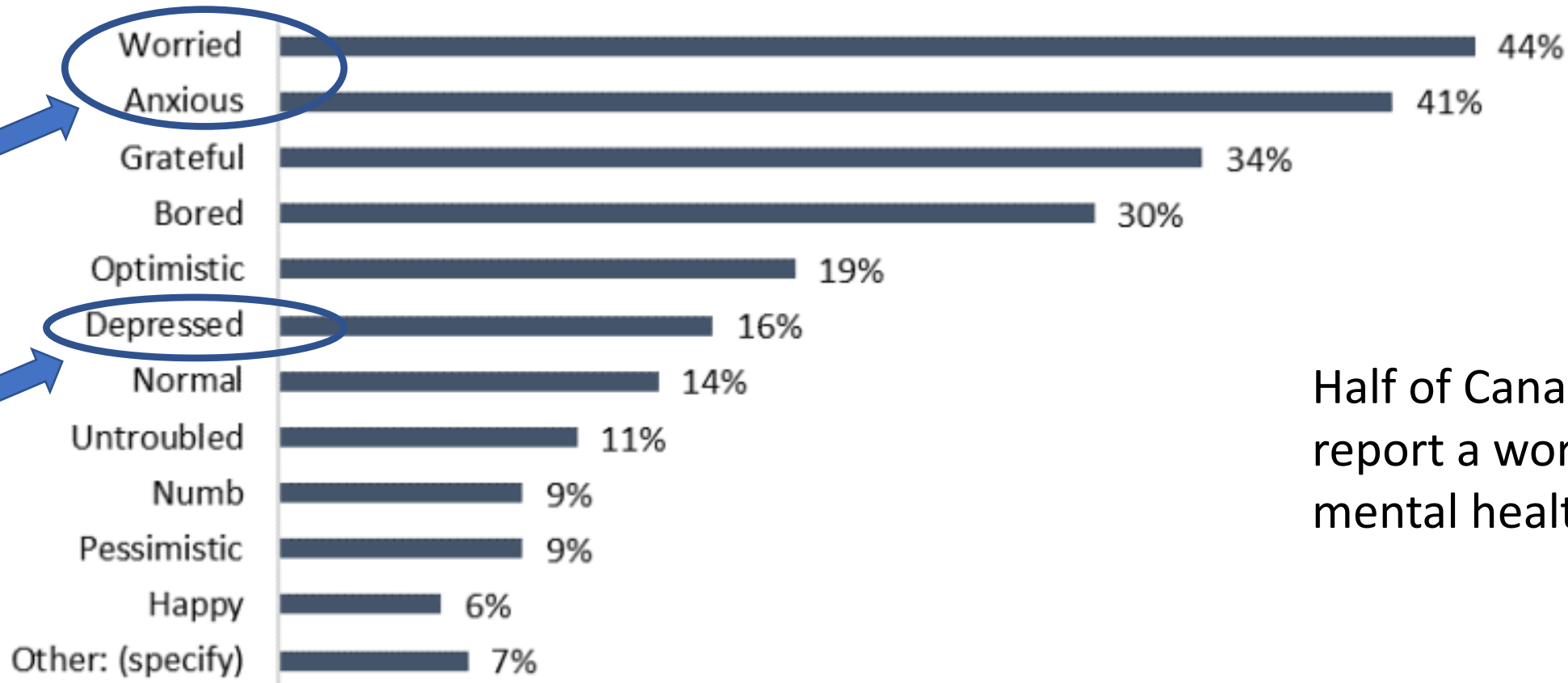
LEARNING OBJECTIVES

At the end of this session,
participants will be able to:

- ① Understand the impact of COVID- 19 on the mental health of people with IDD.
- ② Understand strategies to manage mood and anxiety difficulties at the time of COVID-19.
- ③ Apply strategies to manage behavioural crises and risks at the time of COVID-19.

COVID-19 and Mental Health

Thinking about the last couple of weeks of your own life, which of the following words best describe what you have been feeling the most?
Up to three selected (All respondents, n=1,912)



Half of Canadians (50%) report a worsening of their mental health



Emotional outcomes of quarantine in pandemics

Pfeferbaum and North, 2020, NEJM

Mental health and COVID-19



People with IDD: vulnerabilities...

- Higher prevalence of depression and anxiety compared to general population
- Average loneliness prevalence in five prevalence studies – 44.74%
- Higher rates of trauma
- Higher mortality rates, higher physical health problems, higher number of hospital visits

COVID-19 stressors and IDD

- Loss of a predictable routine
- Uncertainties of a pandemic - new and rapid changes
- Fear of getting infected
- Self-isolation, quarantine and social distancing
- Information overload, ever-changing
- Lack of contact with family (in some instances)
- Decreased support

A few observations during COVID-19

Group 1
Higher levels of functioning,
fairly independent
Physically healthy

Maintaining well, Resilient
Have found alternative coping strategies
Using online supports including groups

Worsening of pre-existing symptoms/behaviours such as impulsivity, irritability, aggression, anxiety, elopement
Finds public health guidelines difficult to comply with
Increased crisis calls, ER visits

Group 2
Lower cognitive and adaptive skills, need lots of caregiver support
Physically healthy

Maintaining well
No social demands
Social stories helpful

Increased behaviours that challenge
Triggers include unpredictability, staff wearing masks etc.
Behavioural support plans and crisis intervention plans helpful
More prn meds use

Group 3
Lower cognitive and adaptive skills
Increased physical and mental health needs

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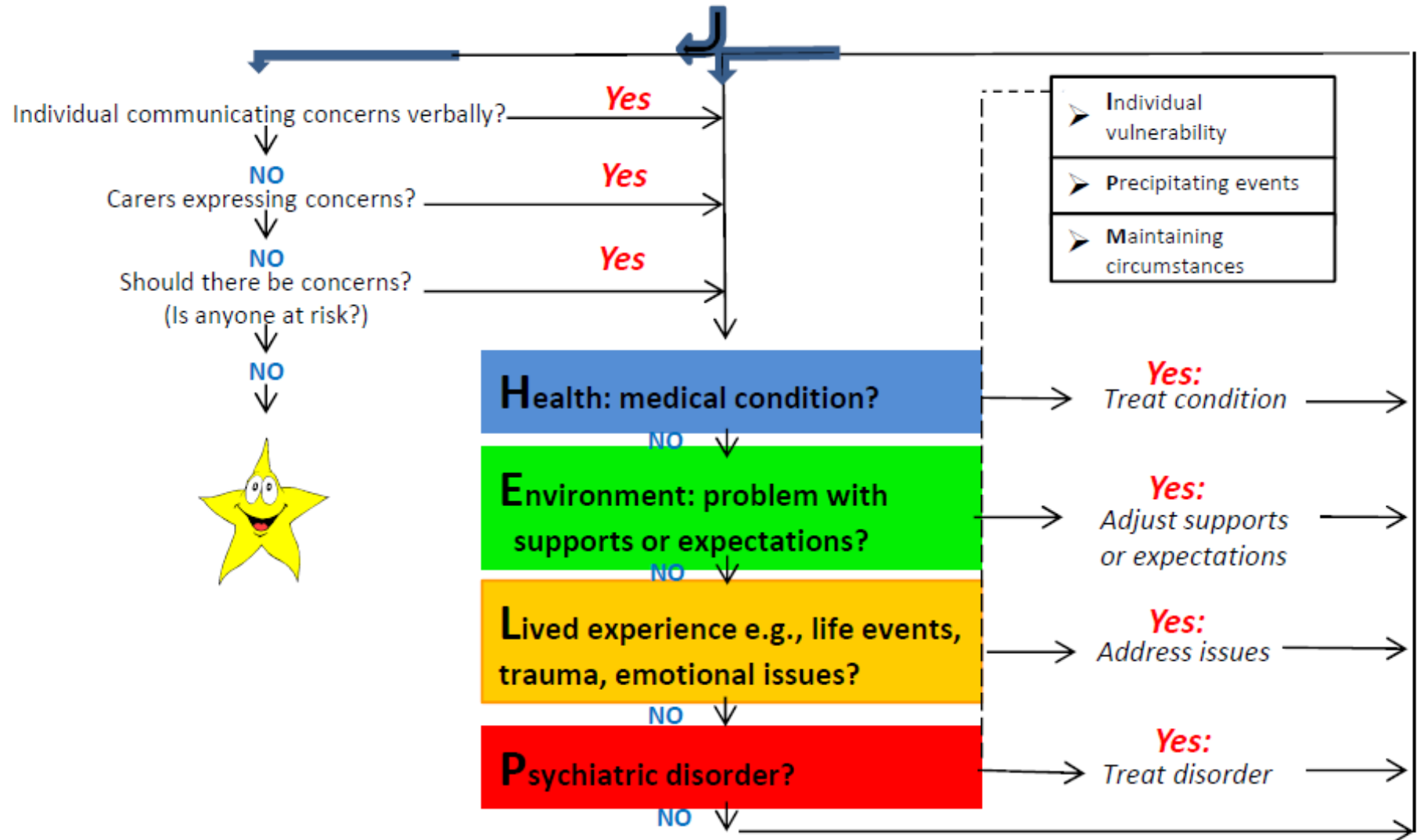
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Case study – Maria

- Maria is a 19 year-old young woman with ASD. She is non-verbal and uses an IPAD to communicate. She requires assistance with her ADLs.
- Maria lives in an apartment with her parents & two younger siblings.
- Maria also has seizures and constipation. Her seizures have been increasing in frequency.
- The following programs for Maria have stopped since COVID 19: full-time specialized class, week-end respite, frequent outings to the park.
- Since the pandemic started, Maria has been: picking her skin, crying, throwing objects, pushing family members, and attempting to leave the apartment.

H.E.L.P.

Patient brought to family physician / psychiatrist because of behavioural concerns



from: Bradley, E. & Korossy, M. Behaviour problems (Chapter 6). In: *Clinical Topics in the Psychiatry of Intellectual Developmental Disorders*, edited by Marc Woodbury-Smith. London, UK: Royal College of Psychiatrists Publications. In press.

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HELP as a tool for formulation

➤ Health

Seizures and behavioural challenges

Has the pandemic impacted routine healthcare for the individual?

➤ Environment

Social distancing and isolation

Changes in routine, other stressors

➤ Lived Experience

Has the pandemic caused significant changes to the individual's lived experience? Does it trigger past trauma?

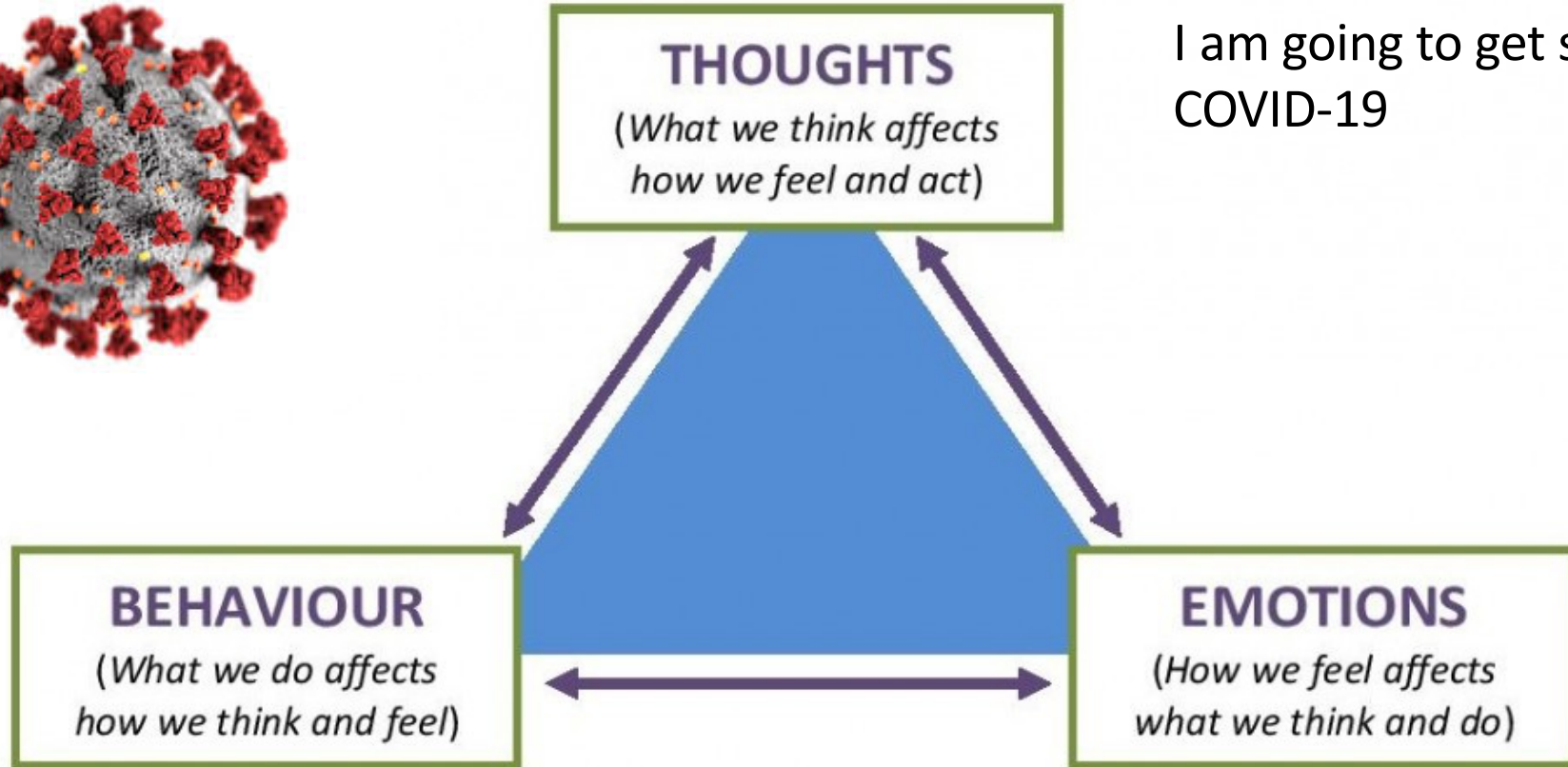
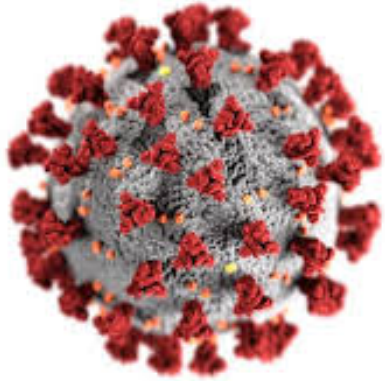
➤ Psychiatric Conditions

Any new onset/worsening of pre-existing mental health conditions

Case Study – Kevin

- 21 year old man with MID, lives with his mother.
- Mother: recently completed chemotherapy treatments for breast cancer
- Since the pandemic, Kevin has been spending most of his time at home. He misses his job at the local game store, spending time with his girlfriend, and working out at the gym.
- Worries about contracting COVID-19. Kevin keeps thinking that he will get the virus, give it to his mother and then his mother's cancer will return.
- Completes detailed sanitizing routines that he completes several times a day at home/ each time he goes outside for necessities.
- Kevin is more irritable than usual. When he goes out for exercise, he shouts at people who get too close to him.

CBT model and COVID-19



Yell “Get away from me!!
Run into the street
Stop going out and stay home

Fear, worry

Screening tools for anxiety and depression

- Glasgow Depression Scale for people with a learning disability (Cuthill et al., 2003, BJP)
 - 20 item self report (3 response choices: never, sometimes, always)
 - 16 item carer supplement (GDS-CS)
- Glasgow Anxiety Scale (Mindham & Espie, 2003, JIDR)
 - 27 item self report (3 response choices: never, sometimes, always)
 - Worries, specific fears, physiological symptoms
- ADAMS (Esbensen et al., 2003, JADD)
 - 5 subscales, 28 items (4 pt scale)

Things to consider in virtual care

- General considerations (Privacy, confidentiality, telehealth etiquette, legislations)
- Suitability and preference (increased distress, perceived importance of in-person sessions)
- Participation and engagement:
 - Pre-appointment preparation (familiarity with technology, access to device)
 - Support during a consult (family/caregiver support, assistive technology support)

Summary

- Symptoms of stress, anxiety and depression are not uncommon
- Self help strategies can be helpful; some may need further assessment and support
- HELP framework can be used for assessment of behaviors
- Virtual tools such as e-consults should be encouraged prompt assessments and interventions
- Risk assessment and safety planning is crucial to managing potential crisis situations