MENTAL HEALTH: PANDEMIC IN CHANGING TIMES

PAMELA HYDE, DO

WHO AM I
WHY LISTEN TO ME?

ACEs 8/10—catalyzed a 40+ year healing journey

sought solutions from MDs

Food/Lifestyle as medicine

OB/Gyn for 30 years. 24 year Veteran US Air Force

DO, AOBOG, FAARM, ABAARM, IFMCP

Education = $$$,$$$.$$

Education + $2.25= Tall Brewed Coffee

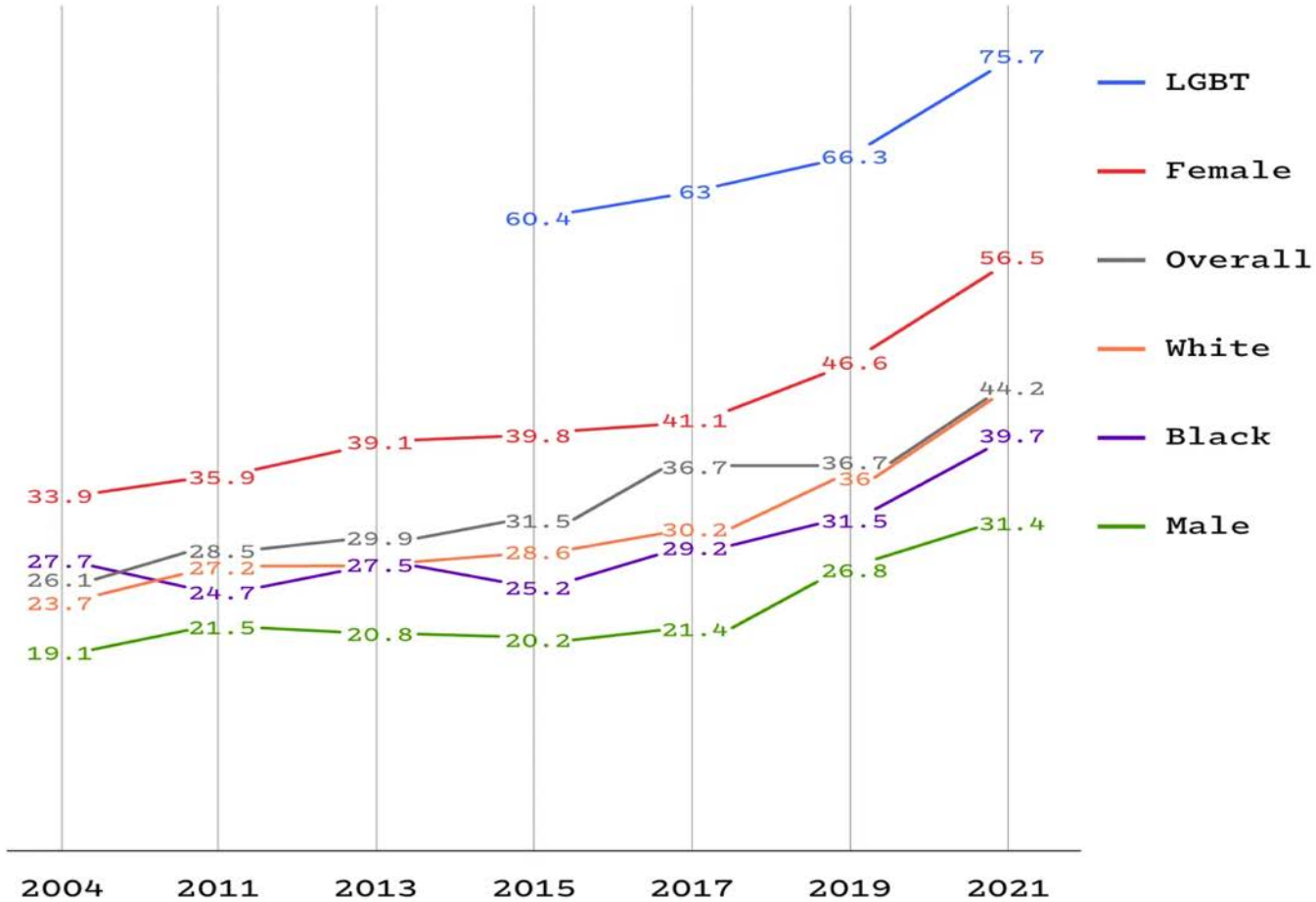
Student of life—My greatest teacher

Healing/Restoration is an Inside Job

Success is not Significance

Deserving belief system Prevents embracing Worthiness

Percent of High-School Students Feeling Persistently Sad or Hopeless



Credit: Derek Thompson, The Atlantic; data from the CDC.

Original Investigation | Public Health

Prevalence of Depression Symptoms in US Adults Before and During the COVID-19 Pandemic

Catherine K. Ettman, BA; Salma M. Abdalla, MD, MPH; Gregory H. Cohen, MPhil, MSW, PhD; Laura Sampson, PhD; Patrick M. Vivier, MD, PhD; Sandro Galea, MD, DrPH

Abstract

IMPORTANCE The coronavirus disease 2019 (COVID-19) pandemic and the policies to contain it have been a near ubiquitous exposure in the US with unknown effects on depression symptoms.

OBJECTIVE To estimate the prevalence of and risk factors associated with depression symptoms among US adults during vs before the COVID-19 pandemic.

DESIGN, SETTING, AND PARTICIPANTS This nationally representative survey study used 2 population-based surveys of US adults aged 18 or older. During COVID-19, estimates were derived from the COVID-19 and Life Stressors Impact on Mental Health and Well-being study, conducted from March 31, 2020, to April 13, 2020. Before COVID-19 estimates were derived from the National Health and Nutrition Examination Survey, conducted from 2017 to 2018. Data were analyzed from April 15 to 20, 2020.

EXPOSURES The COVID-19 pandemic and outcomes associated with the measures to mitigate it.

MAIN OUTCOMES AND MEASURES Depression symptoms, defined using the Patient Health Questionnaire-9 cutoff of 10 or higher. Categories of depression symptoms were defined as none (score, 0-4), mild (score, 5-9), moderate (score, 10-14), moderately severe (score, 15-19), and severe (score, ≥20).

RESULTS A total of 1470 participants completed the COVID-19 and Life Stressors Impact on Mental Health and Well-being survey (completion rate, 64.3%), and after removing those with missing data, the final during–COVID-19 sample included 1441 participants (619 participants [43.0%] aged 18-39 years; 723 [50.2%] men; 933 [64.7%] non-Hispanic White). The pre–COVID-19 sample included 5065 participants (1704 participants [37.8%] aged 18-39 years; 2588 [51.4%] women; 1790 [62.9%] non-Hispanic White). Depression symptom prevalence was higher in every category during COVID-19 compared with before (mild: 24.6% [95% CI, 21.8%-27.7%] vs 16.2% [95% CI, 15.1%-17.4%]; moderate: 14.8% [95% CI, 12.6%-17.4%] vs 5.7% [95% CI, 4.8%-6.9%]; moderately severe: 7.9% [95% CI, 6.3%-9.8%] vs 2.1% [95% CI, 1.6%-2.8%]; severe: 5.1% [95% CI, 3.8%-6.9%] vs 0.7% [95% CI, 0.5%-0.9%]). Higher risk of depression symptoms during COVID-19 was associated with having lower income (odds ratio, 2.37 [95% CI, 1.26-4.43]), having less than $5000 in savings (odds ratio, 1.52 [95% CI, 1.02-2.26]), and exposure to more stressors (odds ratio, 3.05 [95% CI, 1.95-4.77]).

CONCLUSIONS AND RELEVANCE These findings suggest that prevalence of depression symptoms in the US was more than 3-fold higher during COVID-19 compared with before the COVID-19 pandemic. Individuals with lower social resources, lower economic resources, and greater exposure to stressors (eg, job loss) reported a greater burden of depression symptoms. Post–COVID-19 plans

Key Points

Question What is the burden of depression symptoms among US adults during the coronavirus disease 2019 (COVID-19) pandemic compared with before COVID-19, and what are the risk factors associated with depression symptoms?

Findings In this survey study that included 1441 respondents from during the COVID-19 pandemic and 5065 respondents from before the pandemic, depression symptom prevalence was more than 3-fold higher during the COVID-19 pandemic than before. Lower income, having less than $5000 in savings, and having exposure to more stressors were associated with greater risk of depression symptoms during COVID-19.

Meaning These findings suggest that there is a high burden of depression symptoms in the US associated with the COVID-19 pandemic and that this burden falls disproportionately on individuals who are already at increased risk.

+ Invited Commentary

Author affiliations and article information are listed at the end of this article.

COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide

Wake-up call to all countries to step up mental health services and support

2 March 2022 | News release | Reading time: 3 min (927 words)

Young people and women worst hit

The brief, which is informed by a comprehensive review of existing evidence about the impact of COVID-19 on mental health and mental health services, and includes estimates from the latest Global Burden of Disease study, shows that the pandemic has affected the mental health of young people and that they are disproportionally at risk of suicidal and self-harming behaviours. It also indicates that women have been more severely impacted than men and that people with pre-existing physical health conditions, such as asthma, cancer and heart disease, were more likely to develop symptoms of mental disorders.

Data suggests that people with pre-existing mental disorders do not appear to be disproportionately vulnerable to COVID-19 infection. Yet, when these people do become infected, they are more likely to suffer hospitalization, severe illness and death compared with people without mental disorders. People with more severe mental disorders, such as psychoses, and young people with mental disorders, are particularly at risk.

When the Bough Breaks: A systematic review and meta-analysis of mental health symptoms in mothers of young children during the COVID-19 pandemic

Nicole Racine, Rachel Eirich, Jessica Cooke, Jenney Zhu, Paolo Pador, Nicole Dunnewold, Sheri Madigan

First published: 28 December 2021 | https://doi.org/10.1002/imhj.21959

Abstract

EN ES FR DE JA ZH AR

Parents have experienced considerable challenges and stress during the COVID-19 pandemic, which may impact their well-being. This meta-analysis sought to identify: (1) the prevalence of depression and anxiety in parents of young children (<age 5) during the COVID-19 pandemic, and (2) sociodemographic (e.g., parent age, being racially minoritized) and methodological moderators (e.g., study quality) that explain heterogeneity among studies. A systematic search was conducted across four databases from January 1, 2020 to March 3, 2021. A total of 18 non-overlapping studies (8981 participants), all focused on maternal mental health, met inclusion criteria. Random-effect meta-analyses were conducted. Pooled prevalence estimates for clinically significant depression and anxiety symptoms for mothers of young children during the COVID-19 pandemic were 26.9% (95% CI: 21.3–33.4) and 41.9% (95% CI: 26.7–58.8), respectively. Prevalence of clinically elevated depression and anxiety symptoms were higher in Europe and North America and among older mothers. Clinically elevated depressive symptoms were lower in studies with a higher percentage of individuals who were racially minoritized. In comparison, clinically elevated anxiety symptoms were higher among studies of low study quality and in samples with highly educated mothers. Policies and resources targeting improvements in maternal mental health are essential.

5 CONCLUSION, IMPLICATIONS AND DIRECTIONS FOR FUTURE RESEARCH

Findings from the current study highlight pressing concerns about the mental wellbeing of mothers of young children during the COVID-19 pandemic. Mental health concerns were greatest among mothers who were older, highly educated, from a racial or ethnic majority group, and living in North American or European regions. Results underscore the need to dedicate significant resources toward addressing mental health concerns among mothers. At the individual level, the rapid implementation of brief, psychometrically-sound screening instruments (e.g., PHQ-2, GAD-2; Staples et al., 2019) in perinatal and pediatric primary care settings may serve as a feasible avenue to identify mothers at risk of depression and anxiety. Moreover, the development of brief, evidence-based interventions for parental distress that can be delivered via telemental health and in group contexts may help to reach a wider audience of mothers and reduce potential barriers to care. At the familial level, resources must also be dedicated to mitigating the potential negative effects of maternal depression and anxiety on child developmental outcomes. This may include mobilizing evidence-based parenting programs to mothers with identified mental health concerns and providing early intervention for offspring with identified concerns. Finally, at the systemic level, researchers have emphasized the need for government bodies and policymakers to invest in and expand social services (e.g., stable housing, childcare, availability or expansion of parental leave), map and coordinate existing social and mental health services for families, provide targeted outreach to populations at greatest risk, and change policies that sustain and promote discrimination (Fontanesi et al., 2020; Goldman et al., 2020; Shim, 2020). Altogether, these efforts may help to address the concerning prevalence of depression and anxiety among mothers during COVID-19.

Drug Overdose Deaths in the U.S. Top 100,000 Annually

For Immediate Release: November 17, 2021

Contact: CDC, National Center for Health Statistics, Office of Communication (301) 458-4800
E-mail: paoquery@cdc.gov

Provisional data from CDC's National Center for Health Statistics indicate that there were an estimated 100,306 drug overdose deaths in the United States during 12-month period ending in April 2021, an increase of 28.5% from the 78,056 deaths during the same period the year before.

The new data documents that estimated overdose deaths from opioids increased to 75,673 in the 12-month period ending in April 2021, up from 56,064 the year before. Overdose deaths from synthetic opioids (primarily fentanyl) and psychostimulants such as methamphetamine also increased in the 12-month period ending in April 2021. Cocaine deaths also increased, as did deaths from natural and semi-synthetic opioids (such as prescription pain medication).

The provisional data presented in this visualization include: the reported and predicted (estimated) provisional counts of deaths due to drug overdose occurring nationally and in each jurisdiction; a U.S. map of the percentage changes in provisional drug overdose deaths for the current 12-month ending period compared with the 12-month period ending in the same month of the previous year, by jurisdiction; and the reported and predicted provisional counts of drug overdose deaths involving specific drugs or drug classes occurring nationally and in selected jurisdictions.

The reported and predicted provisional counts represent the numbers of deaths due to drug overdose occurring in the 12-month periods ending in the month indicated. These counts include all seasons of the year and are insensitive to variations

During late June, 40% of U.S. adults reported struggling with mental health or substance use*

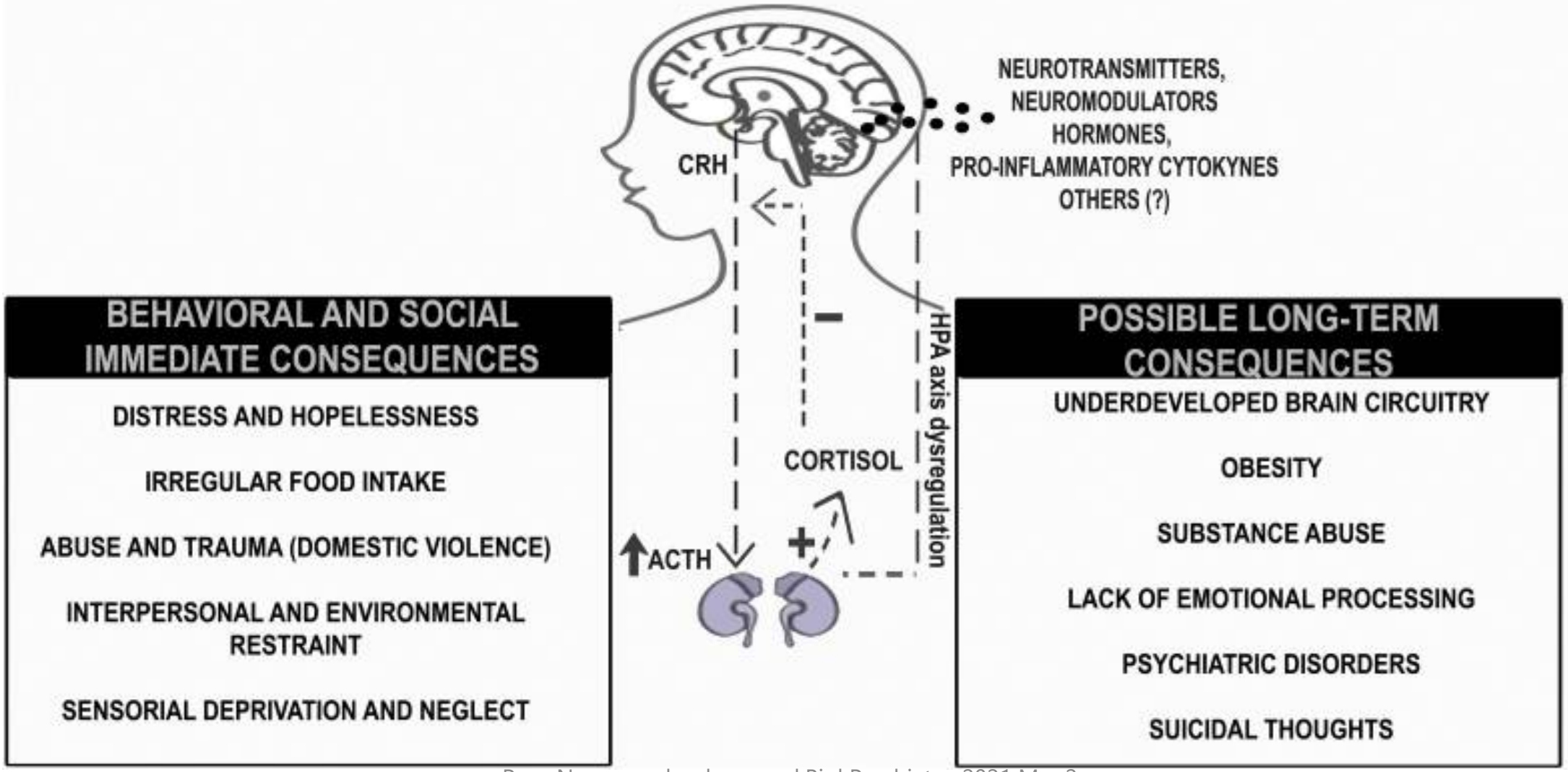
*Based on a survey of U.S. adults aged ≥18 years during June 24-30, 2020

†In the 30 days prior to survey

For stress and coping strategies: **bit.ly/dailylifecoping**


Trauma is a
disregulation
in the
nervous system.

COVID-19 PANDEMIC IMPACTS ON CHILDREN AND ADOLESCENTS



Prog Neuropsychopharmacol Biol Psychiatry. 2021 Mar 2; 106: 110171.

Physiological Effects of Stress

1. **Nervous system.** The heart may beat faster, and blood pressure rises to ready the body to fight the perceived threat.

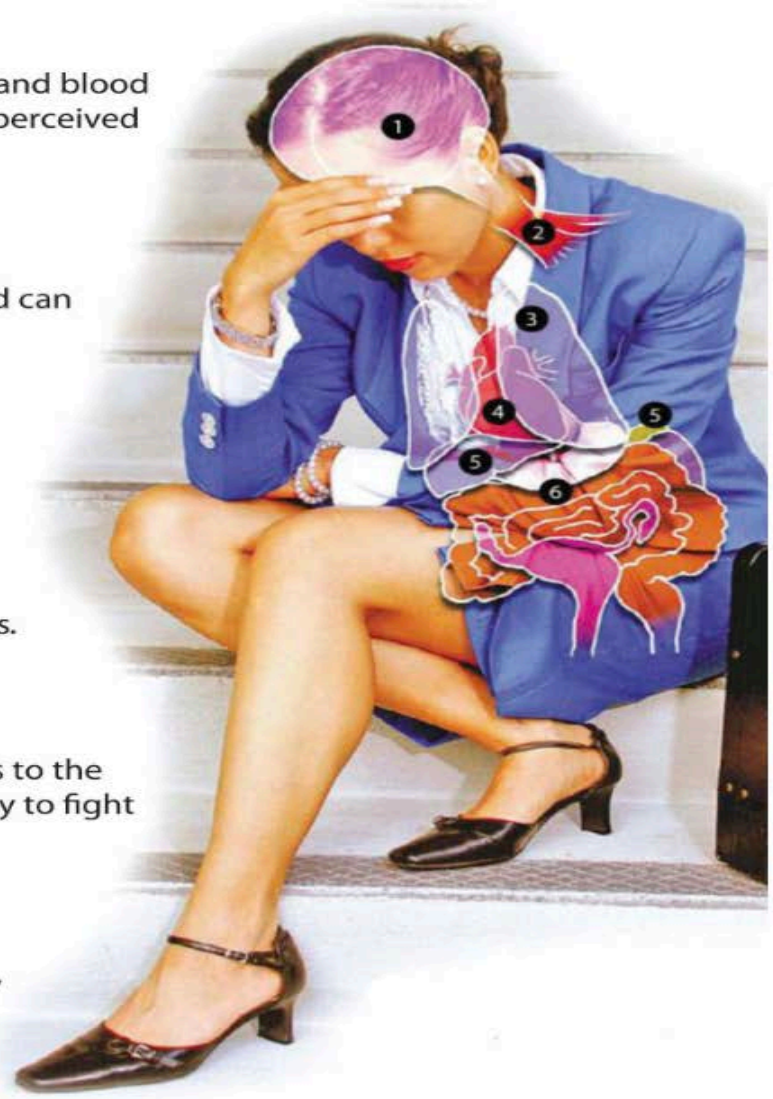
2. **Musculoskeletal system.** Muscles tense and can trigger tension headaches.

3. **Respiratory system.** Breathing quickens.

4. **Cardiovascular system.** Heart rate increases.

5. **Endocrine system.** Signals sent from glands to the body cause a release of cortisol into the body to fight the perceived threat.

6. **Gastrointestinal system.** Eating habits may change, and the feeling of "butterflies" in your stomach may occur.

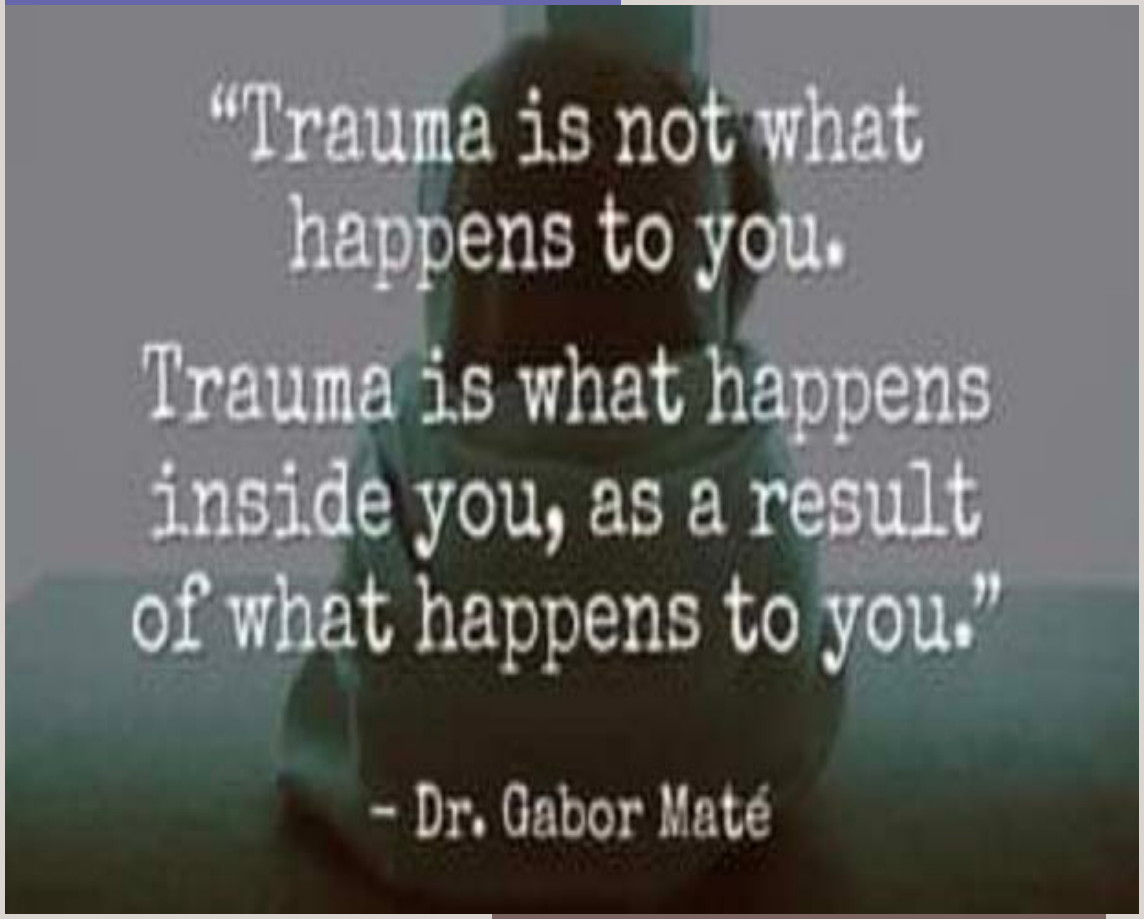


Courtesy of The American Institute of Stress, www.stress.org

What Happens in Your Body as a response to Stress and Trauma?

Stress can cause the following:

Feelings of fear, anger, sadness, worry, numbness, or frustration
Changes in appetite, energy, desires, and interests
Difficulty concentrating and making decisions
Nightmares or problems sleeping
Physical reactions, such as headaches, body pains, stomach problems, or skin rashes
Worsening of chronic health problems and mental health conditions
Increased use of alcohol, illegal drugs (like heroin, cocaine, methamphetamine), and misuse of prescription drugs (like opioids)

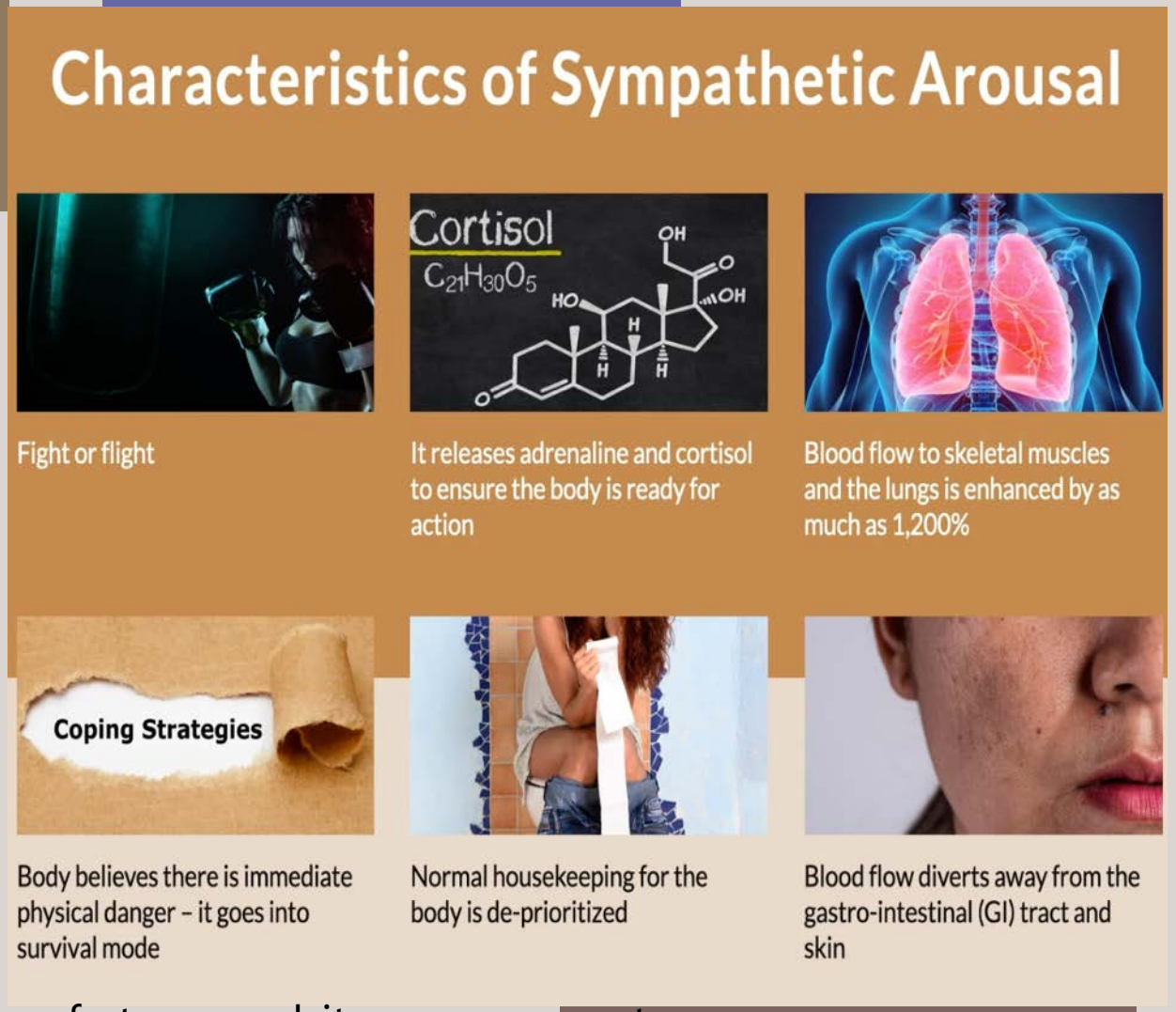


What Happens in Your Body as a response to Stress and Trauma?

1.. Fight or Flight: Stress is a state of sympathetic arousal
2. Freeze: Parasympathetic shut down

Measurement of the Autonomic Nervous System (ANS)—the developing ANS must be stressed to develop resilience—Hormetic stress response

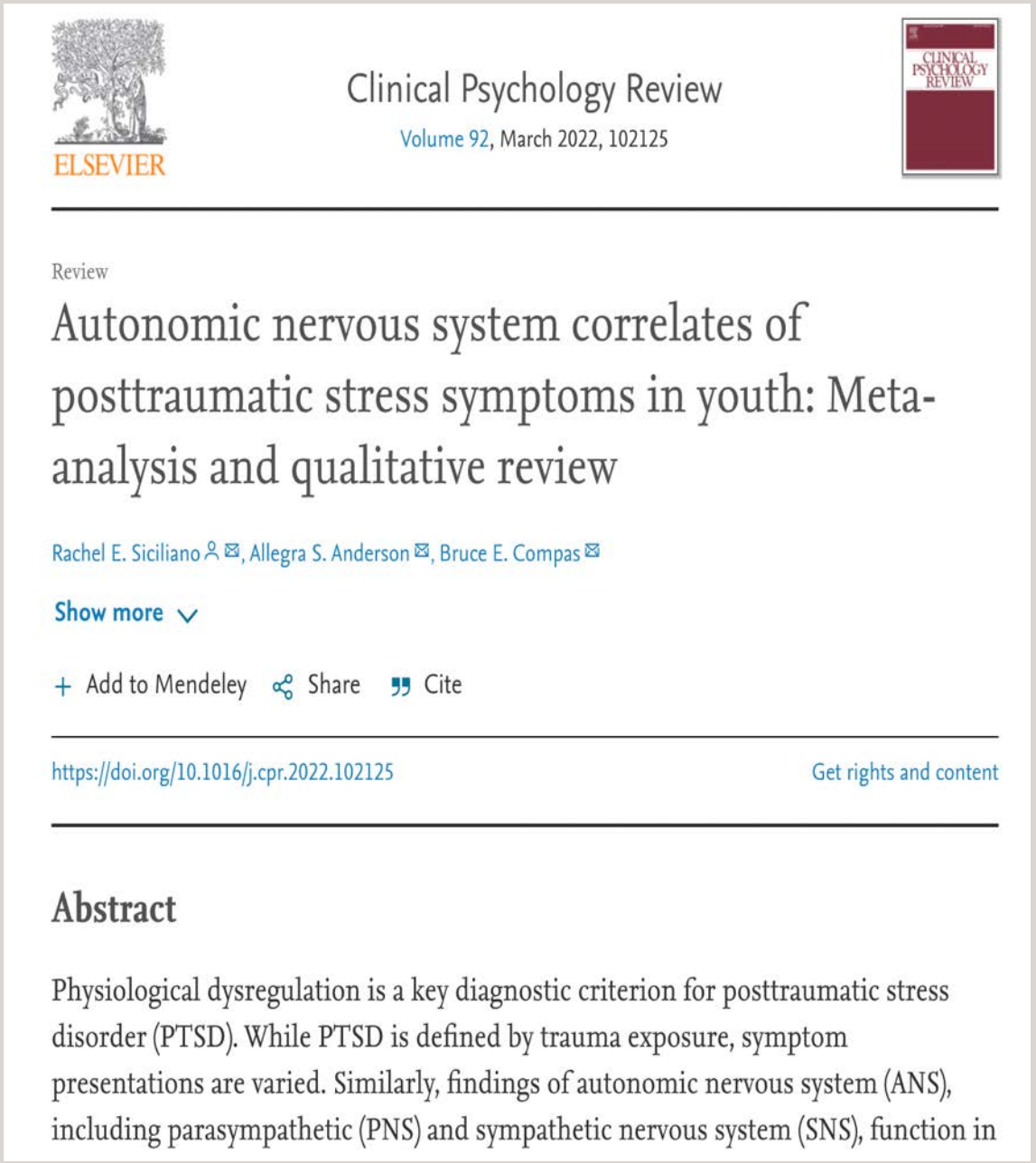
Heart Rate Variability



https://www.heraldopenaccess.us/openaccess/physiology-of-stress-and-its-management
https://www.health.harvard.edu/staying-healthy/understanding-the-stress-response

Regulating Your Nervous System 101

Trauma Response = a dysregulation of the Nervous System.



ELSEVIER

Clinical Psychology Review

Volume 92, March 2022, 102125

Review

Autonomic nervous system correlates of posttraumatic stress symptoms in youth: Meta-analysis and qualitative review

Rachel E. Siciliano, Allegra S. Anderson, Bruce E. Compas

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https://doi.org/10.1016/j.cpr.2022.102125

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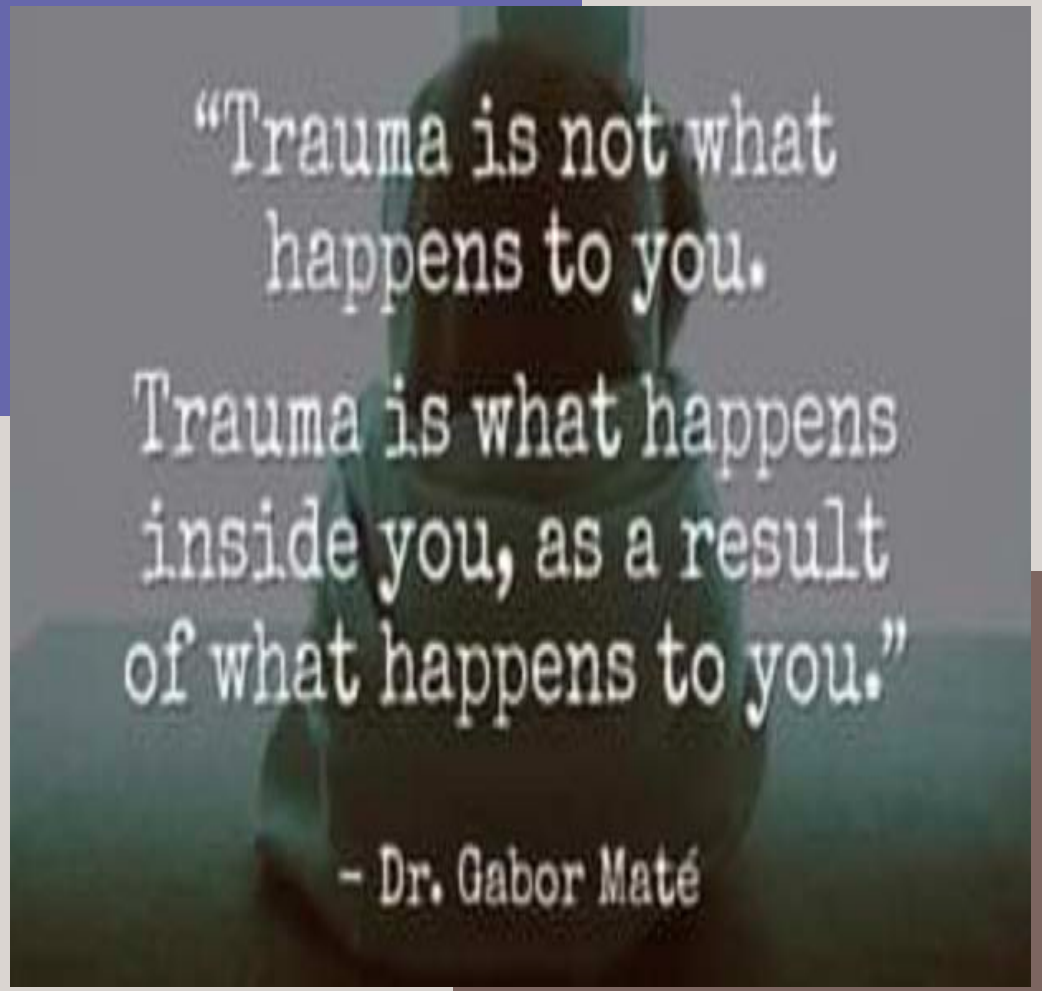
Abstract

Physiological dysregulation is a key diagnostic criterion for posttraumatic stress disorder (PTSD). While PTSD is defined by trauma exposure, symptom presentations are varied. Similarly, findings of autonomic nervous system (ANS), including parasympathetic (PNS) and sympathetic nervous system (SNS), function in

“STRESS MASTERY IS THE GATEWAY TO IMPROVED MENTAL HEALTH”
DAVID WHITEHOUSE, MD PHD, HARVARD PSYCHIATRIST



The Role of Stress in Mental Health

Start with the End in Mind: Chronic Stress Is the Doorway to All Mental Health Conditions

There are three key takeaways to know about the role of stress in mental health and the actions that help manage stress:

1. **Reframing** how you react to stress is incredibly important, your response to stress can be modified.

2. The most damaging stress to your mental health is the **chronic and unconscious stress** that we habitually ignore, or never acknowledge.

3. Discover and **magnify what works for you** to manage your stress.

Prog Neuropsychopharmacol Biol Psychiatry. 2021 Mar 2;
106: 110171.

MENTAL HEALTH FIRST AID

Put your Own Oxygen Mask on Before Helping Others.

Bringing Balance to Life

https://www.mentalhealthfirstaid.org/mental-health-resources/

Regulating Your Nervous System 101

Trauma Response = a dysregulation of the Nervous System.

1. Beath work—quickest
2. Mindfulness Meditation/HRV
3. Self care template (MHFA)
4. Nutritional Psychology—food as medicine
5. Brain Retraining
6. Binural Beats
7. Co-Regulate with a safe Mammal

https://doi.org/10.1016/j.cpr.2022.102125

Abstract

Physiological dysregulation is a key diagnostic criterion for posttraumatic stress disorder (PTSD). While PTSD is defined by trauma exposure, symptom presentations are varied. Similarly, findings of autonomic nervous system (ANS), including parasympathetic (PNS) and sympathetic nervous system (SNS), function in youth exposed to trauma are mixed (e.g., hyporeactivity and hyperreactivity). The present meta-analysis quantitatively assesses the relation between ANS measures broadly, and PNS- and SNS-specific measures, and posttraumatic stress symptoms (PTSS) in youth (ages 4.98 to 19.55 years) across 38 cross-sectional and longitudinal studies ($N=3488$). Findings demonstrate that heightened ANS activity is related to increased PTSS during stress tasks ($r=0.07$), while decreased SNS activity at rest corresponded to increased PTSS ($r=-0.09$). The correlation between PNS measures and PTSS was non-significant. The moderation effect of age on the relation between PNS activity measured during stress tasks and PTSS approached significance, such that younger children showed a stronger negative relation between symptoms and PNS activity compared to older youth. Qualitative review of included studies revealed significant variability across sample and stressor characteristics and study methodology. Findings indicate the importance of autonomic dysregulation in youth with PTSS. Additional considerations for future research are discussed.

Why the Vagal System Holds the Key to the Treatment of Trauma

Stephen Porges, PhD

- How Trauma Changes a Patient's Physiological Response to the World
- What Makes the Human Vagus So Remarkable?
- How the Nervous System Reacts to Another Person's Voice
- Exploring Neuroception to Help Clients Understand Their Physiological Response to Risk
- How the Vagus Affects Our Social Engagement System
- The Important Physiological Component of Intuition
- How Personal Narratives Originate in the Body
- How Psychoeducation Paves the Way for Transforming the Brain
- Why the Face Is the Portal to a Person's Internal State

2 paths of the vagus nerve

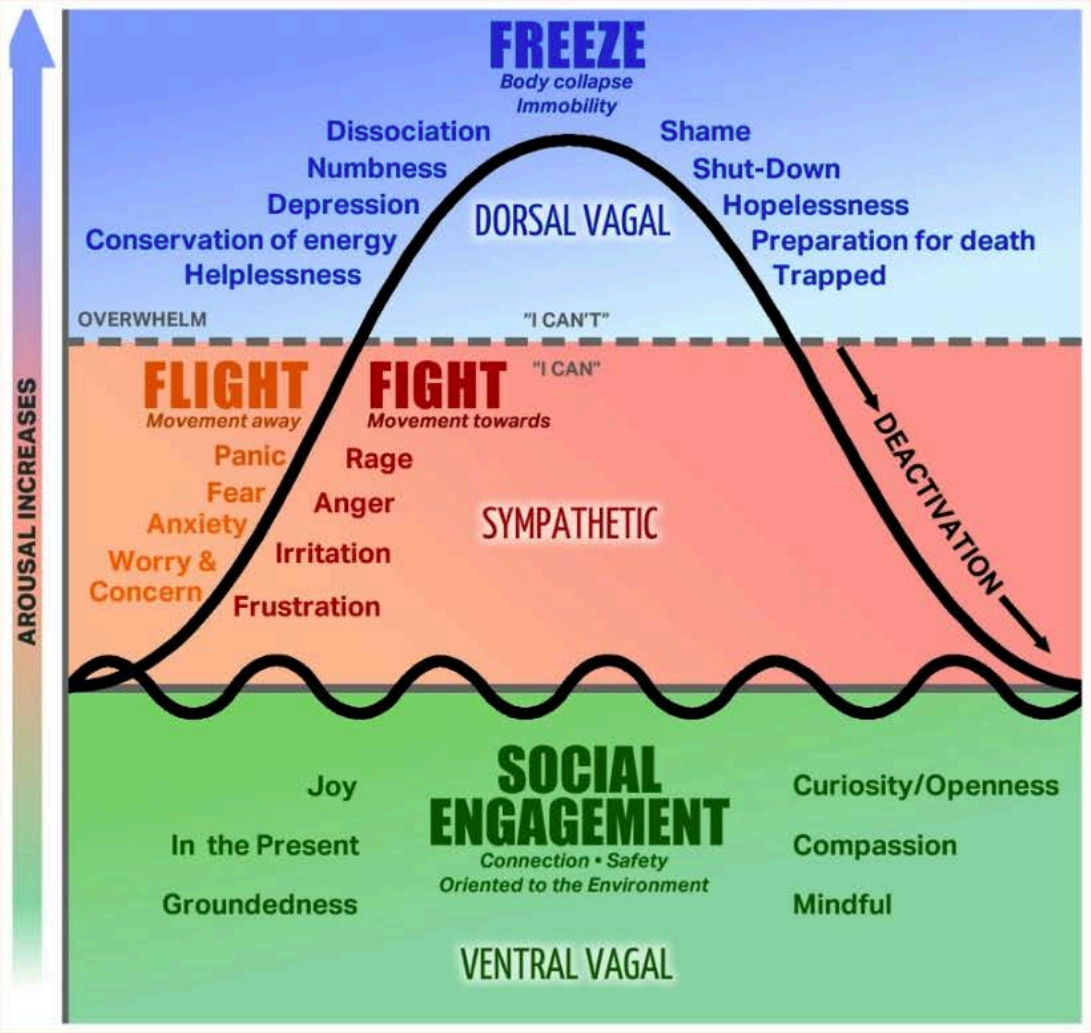
- Ventral vagal: responds to cues of safety and supports feeling of being safely engaged and socially connected.
- Dorsal vagal: responds to cues of extreme danger – takes us out of connection, out of of awareness, and into a protective collapse

Introducing

Polyvagal theory

Dr. Stephen Porges is a Professor of Psychiatry at the University of North Carolina and the creator of Polyvagal Theory.

Polyvagal theory serves to identify the relationship between visceral experiences and the vagus nerve's control of the heart, lungs, and digestive tract.

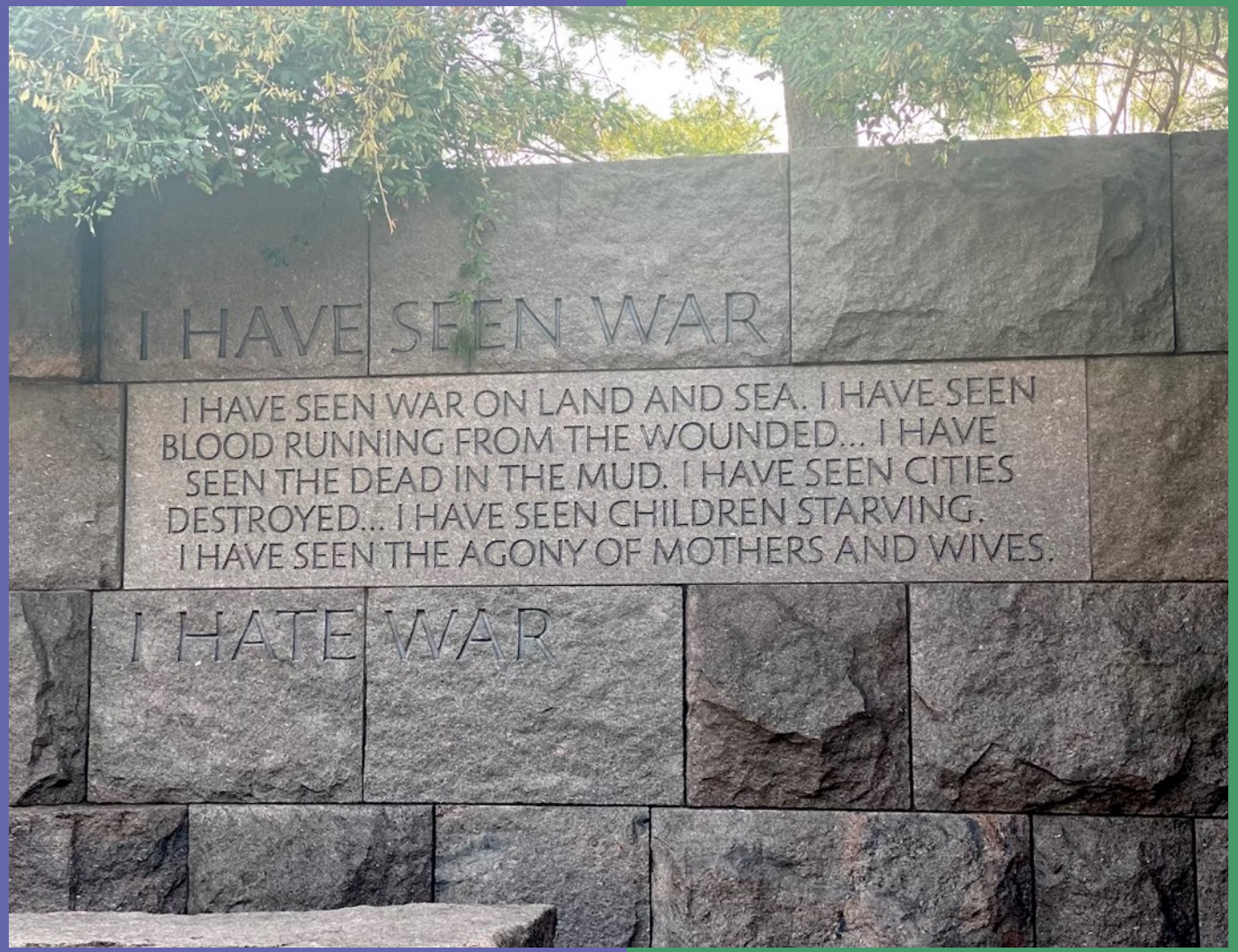


Courtesy of The American Institute of Stress, www.stress.org


Malala
Girls should learn history. And make it.
COURAGE is in you.
PassItOn.com

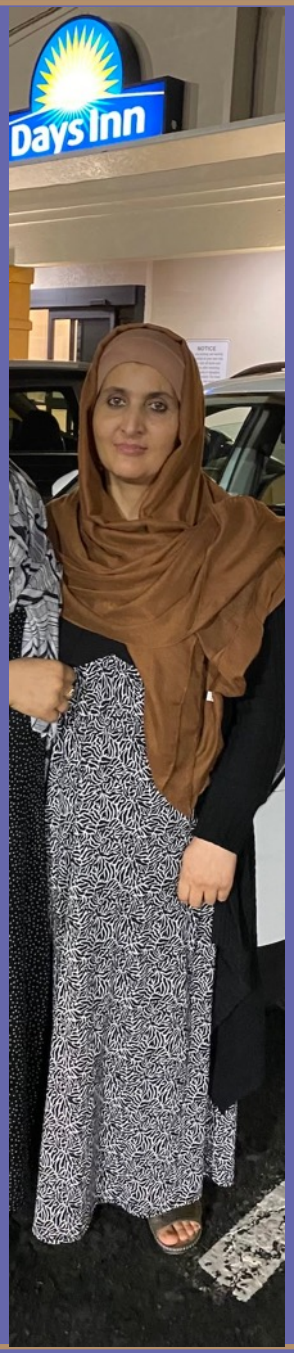

#STOP
ETHNIC CLEANSING

I HAVE SEEN WAR
I HATE WAR



BIBI: AFGHAN GUEST

A lifetime of stress and Trauma



BIBI: AFGHAN GUEST

42yo G7P6 First Wife

Hysterectomy after pregnancy

Presented to Kabul Airport 27/Aug/2021. Separated from spouse and children. She was the only family member who made the plane to the US.

Remained silent for 2 months

Presented with chronic trauma

Belief: Prayer and Fasting would reunite with

THANK YOU!

May is Mental Health Awareness Month

Mental Health and legal assistance https://www.nvfs.org/about-nvfs/locations/multicultural-center/