

International Scientific and Practical Conference/ 2020



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Mental Health & The  Pandemic

МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ РЕСПУБЛИКИ УЗБЕКИСТАН
ТАШКЕНТСКАЯ МЕДИЦИНСКАЯ АКАДЕМИЯ
АССОЦИАЦИЯ ПСИХИАТРОВ УЗБЕКИСТАНА,

Международная онлайн
научно-практическая
конференция



2020

Психиатрия в свете
реформ и
преобразования

3 ноября
11.00

Регистрация

CONFERENCEUPA@MAIL.RU

СПИКЕРЫ



Афзал Джавед



Данута
Вассерман



Морозов П.В.



Скутаревский О.А.



Далал П. К.



Мругеш Ванья



Цуонг Аунима



Баран В.И.



Галако Т.Н.



Нерай Н.А.



Mado



Мадомов П.И.



Мадомов В.К.



Ашуров З.И.

Action Plan 2020-2023

Home / About Us / Action Plan 2020-2023

Public Mental Health

Child, Adolescent & Youth
Mental Health

Addressing Co-Morbidity in
Mental Health

Capacity Building

Partnership with other
Professional Organisations &
NGOs

Continuation and Completion of
previous Action Plans Work



WORLD
PSYCHIATRIC
ASSOCIATION

PUBLIC MENTAL HEALTH

Resilience

**Distress
Reactions**

Avoidance, Isolation, feeling
unsafe

Changes in sleeping
patterns

Irritability and distraction

Insufficient physical
activity

Drugs and alcohol
consumption

Anxiety, stress,
& depression

**Health Risk
Behaviors**

**Psychiatric
Disorders**

**Depression
PTSD
Anxiety**

Fighting Coronavirus Misinformation and Disinformation



MEDIA
EXPOSURES





IF YOU SEE COVID-19 MISINFORMATION

1 DON'T ENGAGE

If you reply, share, or quote misinformation, you help to spread it.

2 BLOCK THEM

If someone you don't know is sharing misinformation, block them.

3 MESSAGE PRIVATELY

If someone you know is sharing misinformation, message them privately and ask them not to.

4 REPORT

Report misinformation to platforms or group admins asking them to remove that content.

5 INSTEAD, SPREAD OFFICIAL ADVICE

Drown out fake news by sharing official scientific advice, as well as posts promoting good causes in tough times.

www.counterhate.co.uk Twitter @ccd hate | Insta @counterhate | FB @ccd hate **CCDH**

Have questions about **COVID-19**?
WE HAVE ANSWERS.



WHO Health Alert
now available on
Facebook Messenger

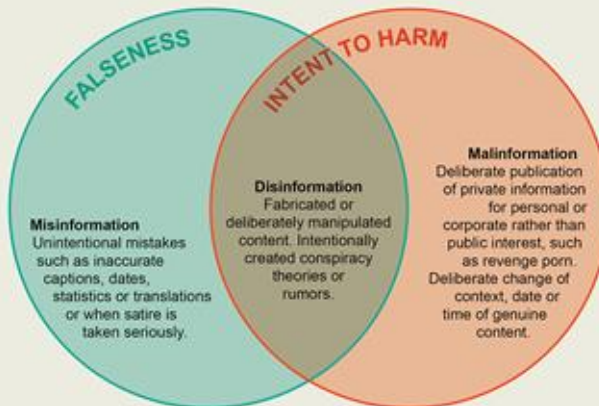
<https://m.me/who>



World Health
Organization

THREE CATEGORIES OF INFORMATION DISORDER

To understand and study the complexity of the information ecosystem, we need a common language. The current reliance on simplistic terms such as "fake news" hides important distinctions and denigrates journalism. It also focuses too much on "true" versus "fake," whereas information disorder comes in many shades of "misleading."



HOW TO SPOT FAKE NEWS

CONSIDER THE SOURCE
Is there an author? Check out their credentials on relevant issues.

READ BEYOND
Headlines can be outrageous in an effort to get clicks. What's the whole story?

SUPPORTING SOURCES?
Click on links or check with official sources. Do they support the story?

DO OTHERS AGREE?
Are any other sites reporting this? What sources are they citing?

IS IT A JOKE?
If it is too outlandish, it might be satire. Research the source to be sure.

CHECK YOUR BIASES
Consider if your own beliefs or concerns could affect your judgement.

ASK THE EXPERTS
Ask a librarian, or consult a fact checking site, official source like the WHO.

LOOK BEFORE YOU SHARE
Don't share posts or stories that you haven't checked out first!



Disaster Community Phases

TIPPING POINTS

AMERICAN
PSYCHIATRIC
ASSOCIATION

Small change in the
balance of a system
results in a relatively
large downstream
effect

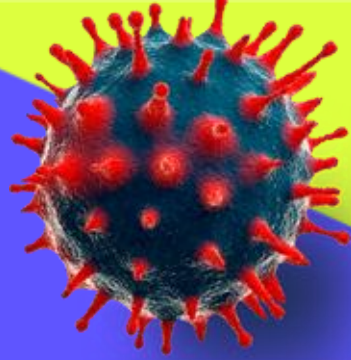
PROVOKING FACTORS

- Inadequate resources
- Conspiracy theories
- Intentional, unexpected events
- Loss of faith in leaders & institutions
- Restriction of civil liberties
- Death of children or others seen as vulnerable

Gladwell, M. (2000). *The Tipping Point: How Little Things Can Make a Big Difference*. Little Brown & Company. New York, NY.

Our ability to understand and act thoughtfully around this single concept could determine the fate of life on Earth.





TIPPING POINT

“Small changes in the balance of a system result in a relatively large downstream effect.”

Provoking Factors

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VULNERABLE POPULATIONS



PRE-EVENT DEMOGRAPHICS

- SES
- Age
- Culture
- Social support

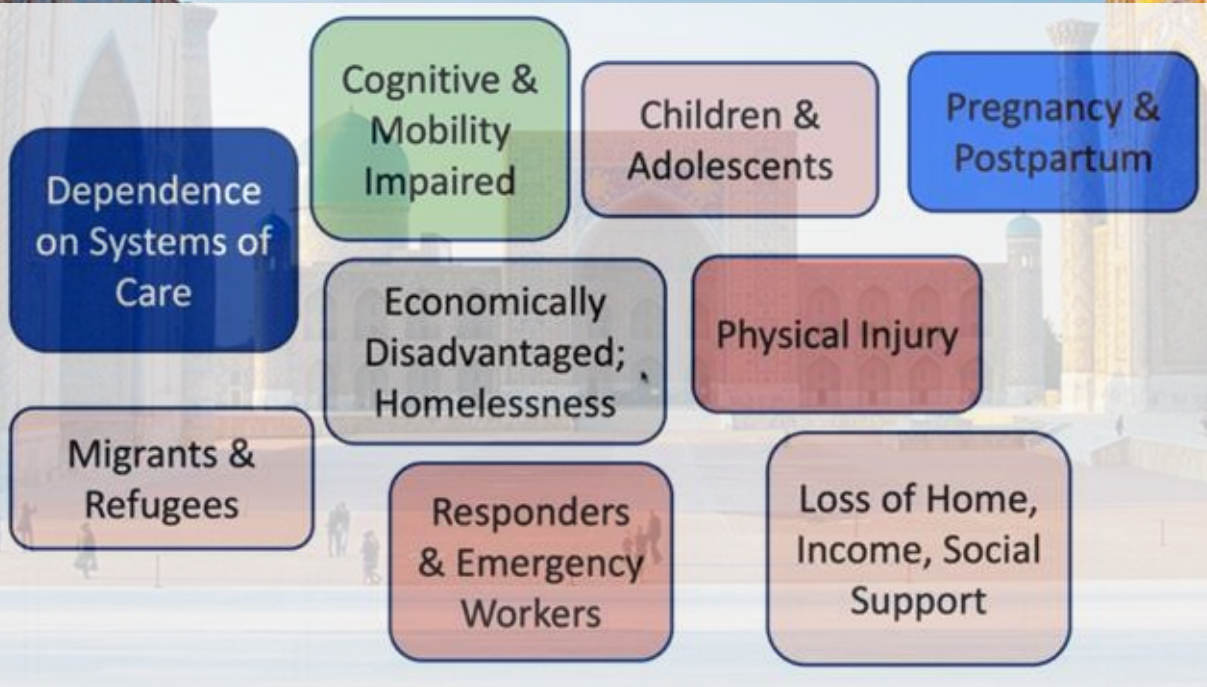
EVENT IMPACT

- Duration & Severity of Exposure
- Injury
- Home loss
- Displacement
- Bereavement

RECOVERY FACTORS

- Relocation
- Job loss
- Social support loss

POPULATION WARRANTING ADDITIONAL CONSIDERATIONS



COVID-19 COULD EXASPERATE DOCTORS' EXISTING MENTAL HEALTH BURDEN

More than
60,000
U.S. health care workers have
contracted **COVID-19**.
300 have died.

SOURCE: CDC

An estimated
300 to 400
physicians die by **suicide** every year.

SOURCE: Journal of Medical Regulation

Of the health workers
who treated patients during
China's COVID-19 outbreak

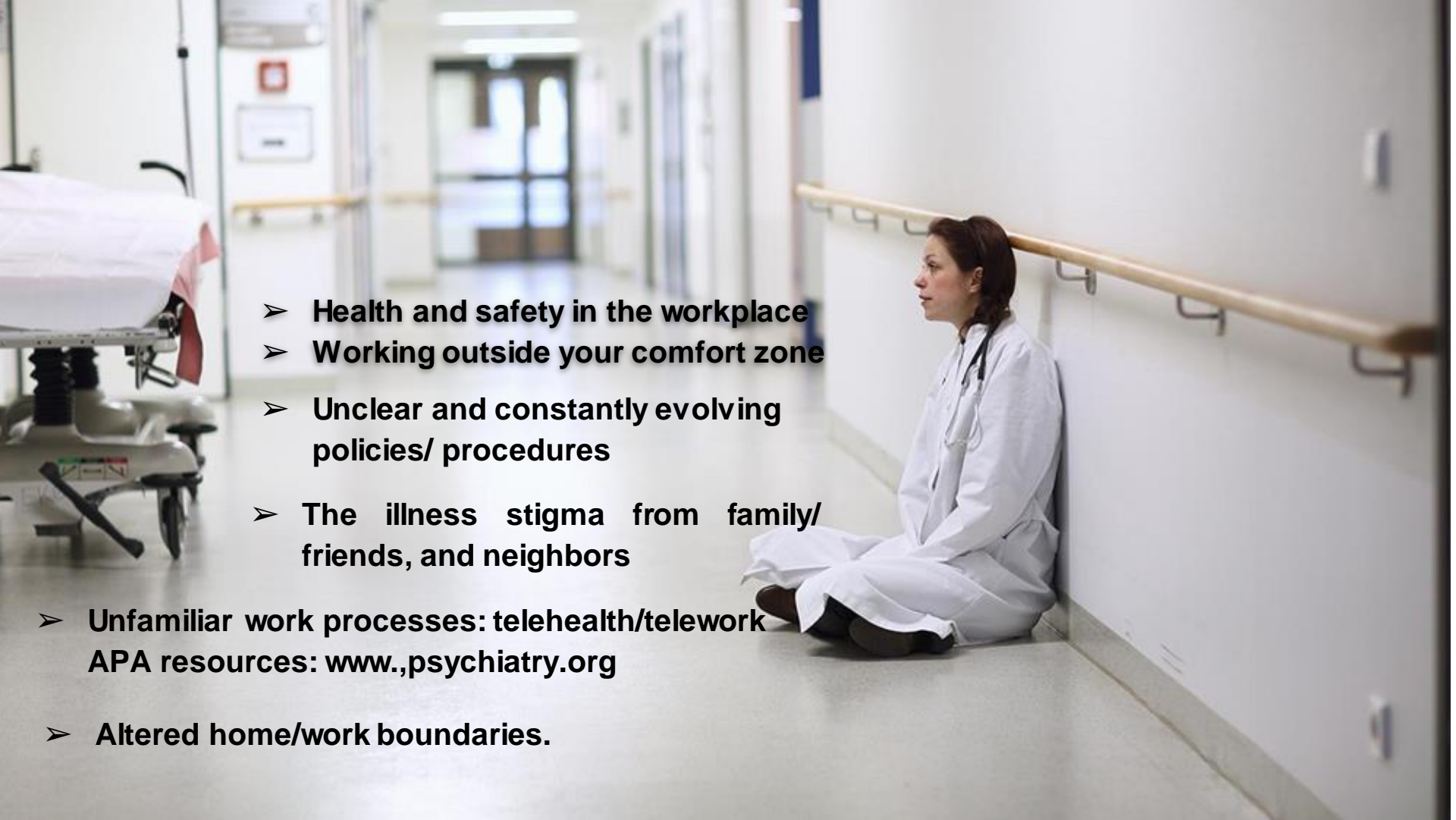
50% showed signs
of **depression**

45% showed signs
of **anxiety**

according to preliminary research.

SOURCE: JAMA Network Open





- **Health and safety in the workplace**
- **Working outside your comfort zone**
- **Unclear and constantly evolving policies/ procedures**
- **The illness stigma from family/ friends, and neighbors**

- **Unfamiliar work processes: telehealth/telework**
APA resources: www.psychiatry.org
- **Altered home/work boundaries.**

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CHILDREN, ADOLESCENT, & YOUTH MENTAL HEALTH

COVID-19



Early lockdown studies found that



up to 37% showed signs of psychological distress and



up to 45% of adults felt adverse effects on mental health,



up to 70% felt this period was the most stressful of their careers.

Source: COVID-19 Risks Outlook 2020: A Preliminary Mapping and its Implications

COVID-19 FACTS RELEVANT TO FAMILIES

- All families (*health care providers, patients, and community*) are affected
- Varied risk within and across families
 - younger populations initially reported as less vulnerable
 - greater risk in elderly and those with pre-existing conditions
- Effects of mitigation efforts (social distancing)
 - shift to virtual engagement - schools/colleges/offices
 - changes in household structure/schedules
 - possible loss of employment/financial uncertainty
- Family disruption and distress

- Promoting self-efficacy within families
 - stay informed
 - communicate within the family - "shared understanding"
 - make healthy eating and exercise a family activity
 - practice good hygiene and prevention strategies
 - calming (e.g., self-care, rest, sleep)
 - stay connected with extended family, friends, and resources
- Additional concerns for some families (e.g., health care providers, mental illness, special needs, unemployed, undocumented)
- Family self-care for psychiatrists - caring for your own families while caring for your patients

FAMILY SELF-CARE



HELPING HOMEBOUND FAMILIES

Closures of school/college/workplace closings lead to unexpected changes in family structure and schedules

Increased family “together time” – family conflict

Support family structure, roles and expectations

- maintain routines and rituals
- discuss family roles and responsibilities
- add scheduled activities, including recreation (e.g., daily calendars of activities)
- discuss expectations with college-age children
- opportunities for outside contacts (e.g., virtual play dates)

Teleworking challenges

- psychiatrists shifting to telemental health work models
- maintaining work/home life boundaries

Families in isolation due to COVID-19

- managing illness within the home

SUPPORTING CHILDREN

- Children's responses will vary based upon developmental age and pre-existing conditions
 - children will reflect the emotional responses of parents
 - avoid media exposure
 - existing patients may become more distressed
- Communicate effectively with children
 - when adults feel calm and clear, it is easier to explain difficult information calmly and clearly to children
 - use developmentally appropriate language
 - ask children what they have heard about COVID-19
 - monitor for and address misconceptions
 - educate about hygiene, but encourage physical affection at home
 - reassure children about local/national efforts to address COVID-19



EXTENDED AND OLDER FAMILY MEMBERS



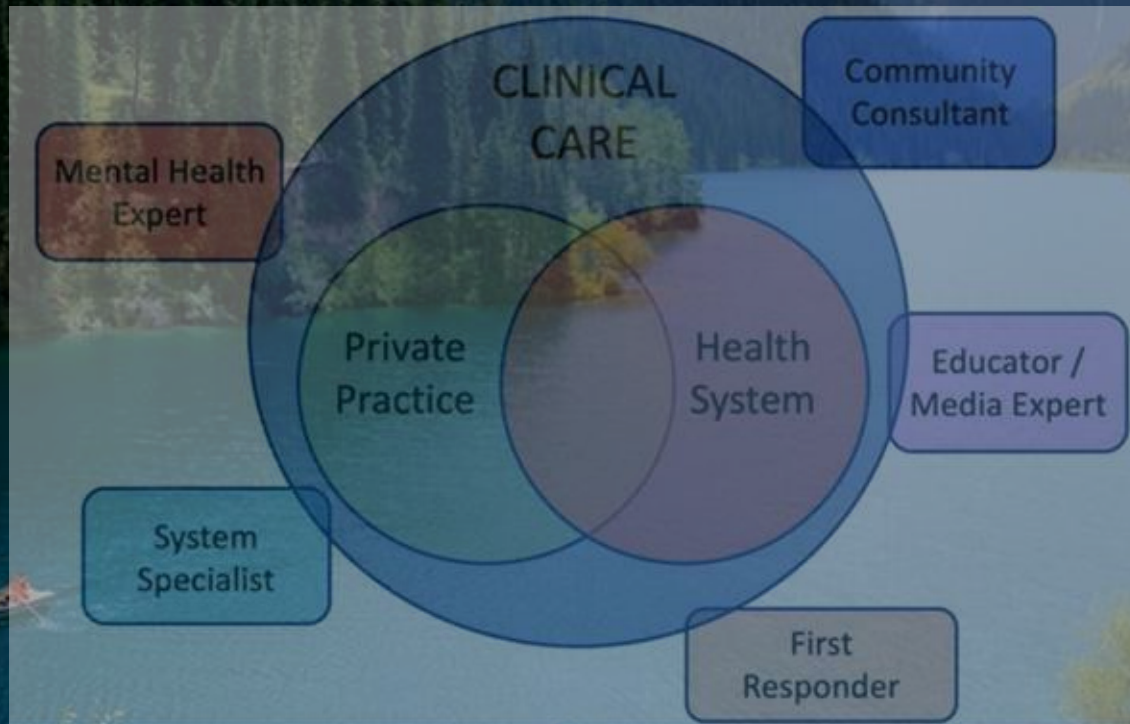
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- Access/offer support from/to extended family
- Extended family members may be geographically dispersed
- Older/at-risk family members may be at great distance and/or living alone
 - challenge of sudden compromise of health
 - pre-plan social support/healthcare response strategies for at-risk family members
- Employ creative opportunities to connect (e.g., phone, text, email, Google Hangouts, ZOOM)

*Public Behavioral
Health Interventions
During the COVID-19
Pandemic and Beyond*



THE ROLE OF PSYCHIATRISTS DURING THE CORONAVIRUS OUTBREAK



Psychological First Aid

The Five Elements:

Safety

Calming

Self/Community Efficacy

Connectedness

Hope/Optimism



RESOURCE: PFA TRAINING & APP

• Mobile App

- Summarize 8 core PFA actions
- Tips for applying PFA in the field
- Self-assess to determine
- Assess and track needs/referrals

https://www.ptsd.va.gov/professional/materials/apps/pfa_mobile_app.asp

• Online Training

- Community/Patient work
 - Free CE
 - <https://learn.nctsn.org/enrol/index.php?id=38>
- Supervisors & Leaders
 - <https://www.pathlms.com/nacco/courses/4592>



STAY CONNECTED



- Signup here:
 - https://my.psychiatry.org/APA_profile (requires login to your APA profile)
- At left, click “Specialty Interest Caucuses and Listservs”
- Check the box “Disaster Mental Health”
- Press “Save”
- Receive confirmation email (check junk/spam)

GUIDING PRINCIPLES



FROM LACK OF ACCESS TO
IMPROVED ACCESS FOR
TREATMENT, PREVENTION
& PROMOTION



FROM STIGMA TO
ACCEPTANCE



FROM EXCLUSION TO
INCLUSION



FROM HOSPITAL TO
COMMUNITY



FROM LACK OF
ENGAGEMENT TO
ENGAGEMENT OF ALL STAKE
HOLDERS

RISK COMMUNICATION
SAVES LIVES.

Connecting people and public health.



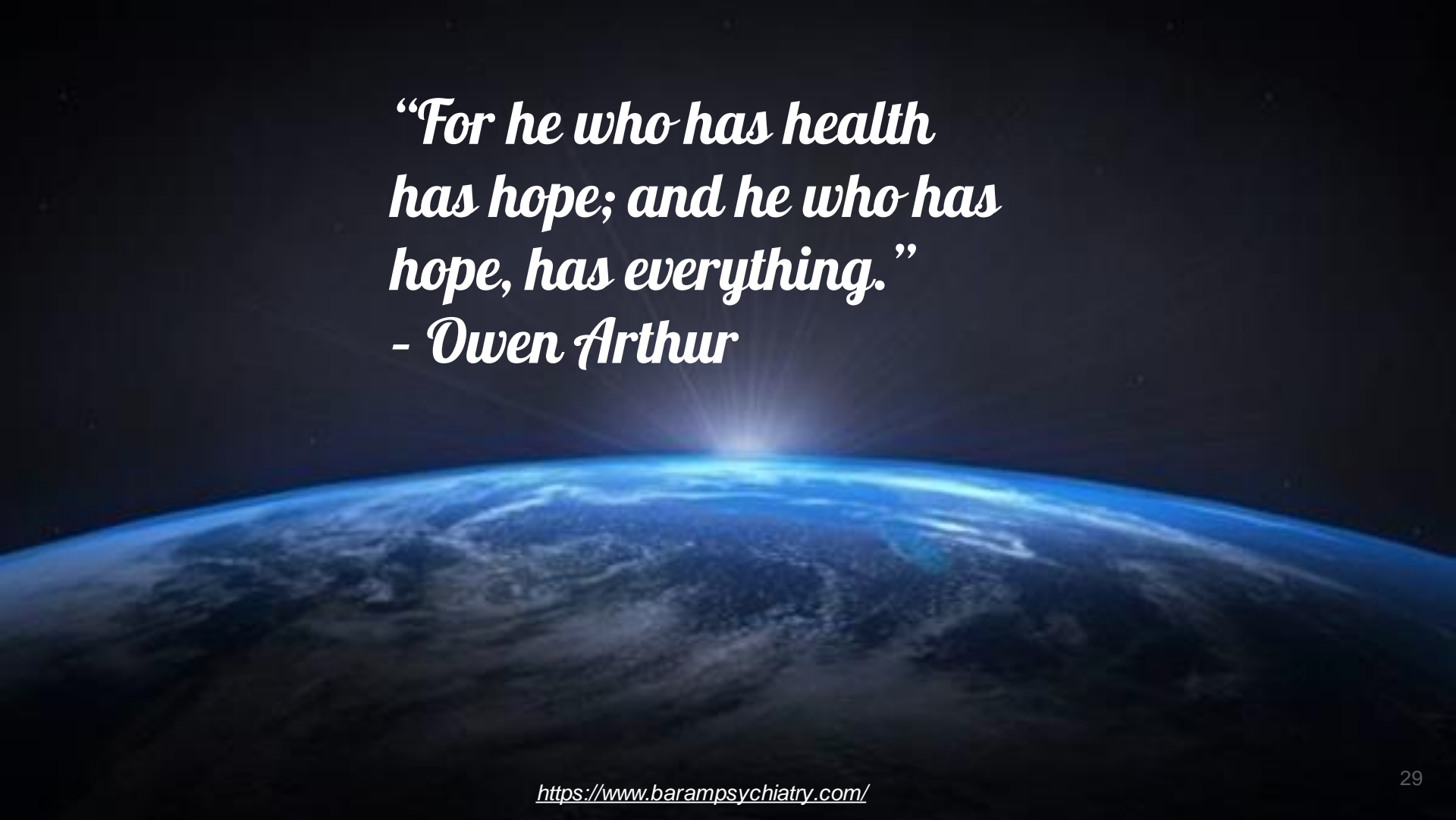
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Regional Office for South-East Asia

- “Concern” vs. “Anxiety”
- “Being Prepared” verse “Hoarding.”
- Normalizing language
- The language of influence
- Language as a powerful antidote



“ If you talk to a man in a language he understands, that goes to his head. If you talk to him in his own language, that goes to his heart.”
-Nelson Mandela.



*“For he who has health
has hope; and he who has
hope, has everything.”
- Owen Arthur*

References

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