# "Don't tell me it's all in my head" – Psychiatric illness and Long COVID

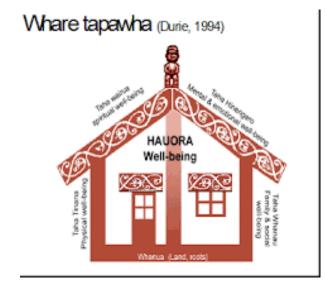
Long COVID: Journeying together through the fog May 25, 2022 #longcovid2022

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## COVID impacts on mental well-being

- Mental well-being a broad concept
- Te Whare Tapa Wha
  - Wairua
  - Tinana
  - Hinengaro
  - Whanau
- Impacts of COVID are also broad
- Increased background rates of:
  - distress, coping difficulties, loss of resilience, psychosocial dysfunction
  - anxiety disorders, depression
  - deferred healthcare, health system under pressure
  - mistrust of health professionals, the health system



#### Increased mental health risks from COVID

- Predisposing factors:
  - Pre-existing mental health disorders, disability
  - Pre-existing chronic physical health conditions, disability
  - More vulnerable groups: Māori, Pasifika people, high socioeconomic stressors, women, elderly, youth
- Precipitating factors: psychiatric symptoms worsened by:
  - Psychosocial stressors, including isolation
  - Health anxiety
  - Direct effects of COVID infection
- Perpetuating factors:
  - Long COVID symptoms
  - Health anxiety
  - Untreated comorbid mental illness and substance misuse
  - Impaired coping strategies

#### Increased mental health rates in Long COVID

- Specific impacts on:
  - general well-being 66%
  - work 50%
  - financial well-being 20%
- Increase in rates of specific mental health disorders:
  - Major depression 10-25% (c.f. ~25% general population during COVID)
  - Anxiety Disorders
  - Acute Stress Disorder / PTSD (especially post ICU admission)
  - Likely also increases in Eating Disorders, OCD, substance abuse
- Not significantly different from CFS/ME, chronic pain or other chronic disease populations
- May interfere with self-management, treatment and recovery from Long COVID

# Barriers to a rehabilitation approach

- Co-existing mental and physical health problems, disability
- Poor equity of access to those most in need
- Stigma related to fear of
  - Being told "it's all in your head"
  - Not being taken seriously
  - Being told to "psychologize your symptoms away"
  - Losses, not recovering
- Services operating in silo's
  - Unclear pathways to navigate
  - Poor access to services
  - Acute health condition paradigms
  - Conflicting narratives for sufferers
- Poorly integrated social services
  - WINZ, workplace support and understanding



### Management: first do no harm

- Rehabilitation model; Long COVID is a long term condition
- Clear management pathways to recovery co-designed with Long COVID sufferers, peer support options and support groups
- Self management information and strategies -> integrated community health/primary care services -> integrated specialist services
- Acknowledgement AND validation of peoples lived experience, and the impact Long COVID has had on them
- Graduated, individualised and adaptive approaches
- Recognition, and treatment when required, of mental health conditions
- And avoiding unhelpful messages by health and social service providers