“Pandemic Psychiatry”

- Psychiatrists responding to epidemics have drawn from a variety of approaches. It is likely that a nascent discipline of “Pandemic Psychiatry” is emerging from these efforts.

Collective Risk

The single most productive toolkit probably derives from disaster psychiatry, with its emphasis on group trauma.

- Because disasters affect entire communities (and often overwhelm their social and political fabric), disaster psychiatrists are compelled to think beyond the level of individual suffering.
- This broadened lens recognizes both the negative and the positive impacts of catastrophic events. While confronting grief, it interrogates the positive emotions derived from togetherness; it seeks to understand human strengths and resilience.¹
- This focus on collective trauma provides an orientation to understanding suffering that is at once personal, communal, and political.
  - In the context of tsunamis and war, for instance, it is more appropriate to speak of family trauma, rather than on the context of individual personalities.²
    - This broadened lens also provides space for study and understanding of collective resilience.³
      - The process of relying on and rebuilding social networks, for instance, can promote resilience.
        - One study in Hong Kong after the SARS epidemic reported over 60% of the respondents caring more about the family members’ feelings, and about 30–40% finding their friends and their family members more supportive.⁴

The positive emotions derived from togetherness are further bolstered in the context of faith communities. It has been repeatedly observed that one of the key predictors for resilience in both individuals and populations is spirituality.\(^5\)

- Disaster psychiatrists note that on a population level, the effects of increased stress may be transient.
  - Suicide is a rare phenomenon after disasters\(^6\); people ask existential questions about the meaning of life and its purpose, but they do not necessarily express suicidality.
  - Most survivors and caretakers return to their pre-outbreak mental health baseline at the 1-year mark, provided their overall functioning has returned to baseline.\(^7\)
  - Aspects of this resilience may be understood through the Yerkes-Dodson Law of arousal and performance, which states that stressors can have a beneficial effect on functioning up to a point (differently situated across individuals), beyond which they reduce performance.\(^8\)

**Individual Risk**

Though a collective experience, the impact of disasters is of course felt keenly on the individual level. Disasters significantly exacerbate and color personal suffering,\(^9\) and “pandemic psychiatry” must attend to the needs of distressed individuals.

- Epidemics stir anxiety, fear, grief, sadness, and unease across a great number of individuals. Outbreaks of Zika, SARS, H1N1 “swine” influenza, Ebola, and others in recent years have made this abundantly clear.

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\(^7\) Humerovic, D., 69.


During the 2003 SARS outbreak in Hong Kong, nearly 40% of the community population experienced increased stress in family and work settings.  

Distress reactions such as insomnia, anger, extreme fear of illness even in those not exposed, and increased risk behaviors including alcohol and tobacco use can be expected.  

- Common reactions may include sleep problems, appetite disturbance, general anxiety, and confusion. Children may briefly regress to earlier developmental stages.  
- These reactions are not necessarily disordered. Many represent common pathways toward sorting out layers of personal meaning.  

This is no less true in the context of Covid-19.

- By the end of April 2020, markers of emotional distress such as alcohol sales were surging in the United States, approximately two months into the virus’ spread. Mental health hotlines were reporting record increase in use.  
  - A federal emergency hotline for people in emotional distress registered a more than 1,000% increase in April compared with the same period a year before.  
  - The CEO of one online therapy company reporting a 65% jump in usage noted that the increasing demand for service closely followed the geographic spread of the virus across the nation.  

- Widespread and consuming as this distress may be, most who are personally spared by the illness will resume equilibrium over time.  
  - Author and physician Danielle Ofri has coined the term “emotional epidemiology” to describe the pattern of emotional reaction associated with new illness.

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“As the novel disease establishes itself within society,” she notes, “a certain amount of emotional tolerance is created.”

It is important to note that in the case of Covid-19, the ongoing economic hardship accompanying the epidemic may create its own lasting psychological traumas. Research has established a strong link between economic upheaval and suicide and substance use.

**Risk Groups**

Among individuals likely to suffer psychiatric harm due to the impact of a pandemic, it is possible to delineate distinct risk groups.

- Those with **pre-existing psychiatric conditions** are of particular concern.
  - The stress presented by the epidemic may exacerbate the symptoms of those at risk for developing anxiety, and increase the risk of relapse in those with serious mental illnesses such as schizophrenia, schizoaffective disorder, or bipolar disorder.
  - Access to mental health care in the community during an epidemic may become impossible, at the same time that impairment of judgment may threaten treatment compliance or prompt reckless behaviors.
    - For patients with substance abuse problems, particularly those on maintenance therapies, interrupted delivery of medications can create a significant problem.

- **Infected patients and their families** present a second category at greater psychological risk.

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19 Huremović, D. 66.


Proximity to and survival from life-threatening events are known risk factors for the development of trauma-based disorders, such as acute stress disorder, major depression (depressed mood, sleep and appetite disorders) relapse of substance use disorders, and PTSD.

- Among patients who survived the Hong Kong SARS outbreak of 2003, one in four were found to suffer from PTSD and about one in six from depressive disorders three years later.
- In the aftermath of the 2014-2016 Ebola outbreak in Sierra Leone, one study found that 6% of the survivors, family members, and caretakers met the clinical cut-off for anxiety—depression a year later, while 16% met levels of probable PTSD.

Stigma can exacerbate these risks. Patients and families may find themselves to be the targets of pronounced stigma and rejection by their communities, whose fear manifests as discrimination and scapegoating.

- West African patients and families affected by Ebola after 2014 suffered isolation and ostracism, physical violence, and diminished quality of life.
- A 2016 study in the aftermath of MERS noted the experience of recovered individuals who found that the general public avoided them, and who became socially isolated even after being treated and declared free of the disease.

- Healthcare providers constitute the group most exposed to psychosocial and traumatic stress associated with pandemic disease. This is especially true of nurses and physicians working directly with ill or quarantined persons.

Sources of traumatic stress for this population include:

- High and persistent risk for exposure and death
- Separation from loved ones due to prolonged work shifts or workforce quarantine
- Traumatic images of disfigured and dying patients

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- Hopelessness due to massive human losses
- The death of colleagues
- A lack of reinforcement and replacements
- Personal fatigue and burnout
- Clinicians may also suffer from the effects of moral injury, a particular type of trauma characterized by guilt, existential crisis, and loss of trust that may develop after being compelled to do things out of keeping with strongly held values. Clinicians may also suffer from the effects of moral injury, a particular type of trauma characterized by guilt, existential crisis, and loss of trust that may develop after being compelled to do things out of keeping with strongly held values.29

Situations liable to cause moral injury to healthcare providers include:
- The need to ration lifesaving equipment such as ventilators
- The barring of loved ones from the bedside of patients who are dying
- The knowledge that available treatment is ineffective

- Historically, post-traumatic stress disorder (PTSD) has been shown to be more prevalent in health care providers (about 15%) than in the general population (3% to 4%).30

The heightened risk of psychological damage has been dramatized through the experiences of medical personnel battling previous outbreaks in the 20th century.

- Studies examining the mental health of providers during the 2003 SARS epidemic demonstrated higher rates of PTSD and major depression in health care workers.
  - A study of nurses indicated an 11% rate of traumatic stress reactions, including depression, anxiety, hostility, and somatization symptoms.31
  - Even 1 year after the SARS outbreak, those who had provided healthcare still had persistently higher levels of stress and psychological distress than controls.32

The psychological risks faced by caregivers have been apparent since the earliest experience with Covid-19 itself.

- A study of 1,257 doctors and nurses in China in the first months of the coronavirus outbreak found that half reported depression, 45% anxiety, and 34% insomnia.\(^{33}\)

As the virus spreads, indicators of anxiety, depression, and traumatic stress in caregivers have spread with it. Due to the emerging nature of the crisis, controlled studies have yet to be conducted, but anecdotal reports of significant immediate distress are abundant.\(^{34}\)

- Psychiatrists and others report suffering insomnia and crying jags, in addition to a general feeling of impending tragedy.
  - Psychiatrist Jessica Gold notes, “The overall feeling in my friends, family, and co-workers is one of an impending doom and an existing gloom that is both physically and psychologically palpable.”\(^{35}\)
  - Psychotherapist Melissa Nesle reported to the New York Times, “Never have I ever gone through a trauma at the same time as my clients. All I am hearing all day, hour after hour, is what I am experiencing also.”\(^{36}\)

- A medical resident in New York City, Dr. Shaoli Chaudhuri, pondered her own and colleagues’ profound stress burden, “I wonder what they’ll call it in the future. Post-Covid Stress Disorder? Scrub Shock?”\(^{37}\)

- The suicide on April 26, 2020, of emergency room physician Dr. Lorna Breen, who had been treating Covid-19 patients at Columbia University Medical Center, drew widespread attention to the mental health challenges faced by health care workers.\(^{38}\)

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\(^{35}\) Ibid.


\(^{37}\) Chaudhuri, S. (May 1, 2020). “Fear, fevers and reminders of love: 30 days as a medical resident in New York City,” The Lily.

The threat of moral injury has been particularly elevated among personnel responding to Covid-19, a hazard brought home by the reports of frontline workers.39
  - “I spend 12 hours a day on telemedicine consultations,” noted Shaoli Chaudhuri in early April, “where I either offer a covid-19 therapy that amounts to a placebo or one with unknown benefit. It’s the most demoralizing thing I’ve done in my three years of residency. We are treating ourselves, not the patients.” 40
  - The potential for moral injury has been highlighted by the death of Dr. Breen.41
    - “We tend to be perfectionists,” reflected Dr. John R. Matheson, former president of the Washington State chapter of the American College of Emergency Physicians, on her passing. “And disease processes aren’t always straightforward. When you’re a high achiever and you’re very driven and you can’t do what you want to do, it can be very disheartening.” 42

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40 Chaudhuri, S. (May 1, 2020).
