

Speaker 1: Welcome to on the pandemic, a Rutgers cast series where university experts and leaders in health examine the critical challenges we face in our recovery from the COVID-19 pandemic. This episode is hosted by Mario Dowd, the executive director of health systems and population health integration for Rutgers biomedical and health sciences at Rutgers university. Previously, she led the New Jersey department of health as commissioner, after serving as the deputy commissioner and chief of staff. Joining the discussion today [00:00:30] is Dr. Frank Ganassi president and CEO, Rutgers health university, behavioral health care, senior vice-president behavioral health and addiction service line RWJ Barnabas health professor Rutgers graduate school of applied and professional psychology, adjunct professor of psychiatry, Rutgers Robert Wood Johnson, medical school and core faculty at Rutgers global health Institute. Also joining Mary today is Dr. Keith stall, chief medical officer [00:01:00] Rutgers health university, behavioral health care.

Speaker 2: Good morning, and thank you for joining us. This is Mary O'Dowd from Rutgers university. And today we are talking about the emotional impact and mental health toll that the pandemic has taken on our communities and what strategies we can use to build resiliency for ourselves and our families to discuss these topics. We are joined by two of my Rutgers health colleagues, Frank [inaudible], the president and CEO of university behavioral health care or U BHC and [00:01:30] his chief medical officer Keith Stonewall to start us off. I want to note that we have been experiencing this pandemic for over a year now in the United States, the CDC is reporting nearly 28 million cases of COVID nearly 500,000 deaths. And we are now at over 63 million vaccines given out the physical health impact on our communities has been obvious. This has been measured in cases of those who have tested positive for the virus, [00:02:00] numbers of people hospitalized, and those who have died.

Speaker 2: And now how many people who have been vaccinated, but there have also been many other aspects of our social environment, emotional health and mental wellbeing that have been impacted. And while this has not been the primary focus of the general media or even the public health or healthcare systems, in fact, these issues are affecting all of us, not just those who've had the virus. [00:02:30] We have all been affected in varying degrees, by things such as not being able to visit or socialize with friends and family closed schools, food insecurity, job loss, or having to stay home to do our work, the death of a loved one from COVID or some other illness and the inability to mourn their loss in the ways that we would normally do. So all of this has increased our worry and our stress, Frank, to set the [00:03:00] stage for this conversation. Can you give us a sense of what the current trends are for how we are measuring the mental and emotional health impacts of the pandemic?

Speaker 3: Absolutely. Mary, we are watching closely and many focus groups across the country, uh, have been pulling individuals, have been pulling health care providers, and there are some disturbing trends, perhaps not surprising, but disturbing a few of them, uh, is that a year ago before the pandemic started [00:03:30] and these kinds of polls were done routinely and across healthcare organizations about one in 10 person would endure symptoms of anxiety or depression as part of their normal daily activities. Since the pandemic death number has gone up from one in 10 to four and camp about 36% of

people are now endorsing sleep problems up from about 15%, about 32% are endorsing eating habits that are, uh, either inquiring, uh, too much or too little in the way of eating. [00:04:00] Same is true for alcohol use get asked people about a year ago, were they concerned about use about three and 10 would have endorsed that. Now it's up to 12% and perhaps more disturbing is that individuals who have chronic medical conditions feel that since COVID those medical conditions are up by about 12% worsening factors. So we're seeing it across a number of areas.

Speaker 2: What is the statistic that you gave that gives you the most worried right now,

Speaker 3: [00:04:30] To me it's worse, chronic physical conditions. And it's the fact that a full 40% of the individual survey are endorsing this because it tells me that number is higher.

Speaker 2: When you say endorsing, what does that mean?

Speaker 3: It means that if you ask the person in the last 30 days, have you experienced, um, anxiety or periods of what you would consider to be depression? And the person says, yes, yes I have. And for that to go from one in 10 [00:05:00] to four and 10 tells me that there's been a substantial change in how people see this affecting their day to day activities

Speaker 2: And four and 10, that's like 40% of our population

Speaker 3: It's staggering. And when you look at the 18 to 24 year olds, it's even worse that population, which is almost defined by its social connectedness and during this period of isolation. And, you know, during this period of disrupted work environments, which is where [00:05:30] a lot of these folks tend to socialize. If you think about where young people meet and socialize, it's often gyms, it's where you work, it's bars and restaurants, all of those have gone offline. So they are endorsing anxiety and depression saying it's a part of their, um, feelings in the last 30 days. They are up to 56% of that population.

Speaker 2: So that's more than half those. And those you think about that age group. Those are our young [00:06:00] adults who are in a transition of life. They've just either turned, um, 18 and are kind of trying out adulthood on their own. Or they're attempting to go to college during this time. I'm not going to call that trying out adulthood, but it is a different phase of life. And so that's a really difficult age group anyway. Um, but even now over half of them are saying that they're feeling some form of depression

Speaker 3: And I'm equally concerned about [00:06:30] communities of color. Um, in the survey that I had referenced, they did do similar kinds of surveys in black and Brown communities across the country. And while, um, largely overall numbers, which include a preponderance of Caucasian or at least a substantial number of Caucasian, I'd say about four and 10, endorse it in black communities. That number goes from 40% to 48%. And in Latino communities, [00:07:00] it goes from 40% up to 46%. And again, these social determinants, when you think about it, many of those communities were already dealing with many, many social determinants of health. In some cases, unstable housing, in some cases, domestic violence, in some cases, maybe a food desert, you add

to that, a global pandemic. And it's one more thing that you have to deal with. And then you add to that a period of extreme social [00:07:30] unrest and recognition of racial injustice that has come back into the fore. Uh, and it is, uh, in many ways a perfect storm.

Speaker 2: I've also read that in part, some of our black and Brown communities are dealing with some of this anxiety and worry because of the disparate impact on the physical health. As a result of COVID, we've seen much higher rates of hospitalization and death in those communities, from the virus itself.

Speaker 3: So an additional area of concern [00:08:00] is that in communities where black and Brown populations are in the preponderance, uh, not only is there a higher, uh, sensitivity to the virus, it appears that there's an adverse impact, but the uptake of the vaccine has been lower for many of the reasons that we talked about before there's been an inherent distrust, um, in a vaccine in general. And that unfortunately has generalized the COVID vaccine. We are doing everything we can to try to [00:08:30] use local individuals who have influence in these communities to sort of invite people back into the vaccine process. And we're very concerned about that.

Speaker 2: Frank, you lead an organization, you BHC, um, which is a provider of behavioral health services, everything from crisis intervention services, such as suicide prevention and addiction recovery to the broader programs, such as employee programs, what services has your organization you BHC been providing [00:09:00] to communities during this pandemic that are new or being used more heavily because of the various, um, uh, statistics you've just talked about.

Speaker 3: So one of the areas that's come to the fore and all of this is really case management. We've done a lot of work over the years, as you know, in case management, which is really what you do to help people make their way to services in between the services themselves. That case management has become critical as [00:09:30] traditional transportation, traditional workplace activities have really been radically altered and people are isolated shut off, uh, and they may have in fact, lost access to transportation issues. Case management has really been a glue. We've been able to do that primarily because of the new Brunswick and the, uh, Newark markets. We have four, what are called certified community behavioral health centers, which is a federal program that allows [00:10:00] for an alternative way of billing and allows for much more flexibility. I have to tell you, we got into the CCBHC is about two and a half or three years ago, not knowing that there was going to be a pandemic.

Speaker 3: It ended up being an excellent delivery system for that. It also involves being able to provide ambulatory detox from opioid issues. And also it's able to provide opioid treatment, which has been key in this because those are also very vulnerable populations. And finally, we've been able to double [00:10:30] the number of, uh, community reentry program. So we, before we were able to serve about 500 individuals at any one time were being released from the, uh, 15 state prisons. As you know, we do the physical behavioral and dental health care for all of those prisoners. As they come back into the community, we're able to help them for a year with employment, physical

health treatment, substance abuse treatment. And just recently in [00:11:00] collaboration with the state, we've been able to double that, and we're now able to work with a thousand individuals at any one time. That's really been a marked improvement. And finally, I'll end with Nope, no, fewer than four new call lines have been put up COVID connect line, a nurse to nurse COVID related line, a Rutgers for you line and some additional lines for students and faculty as well.

Speaker 2: And these call lines. These are for people to call when they need help or services [00:11:30] or connection to treatment.

Speaker 3: Yes. Like some of them are designed to be peer to peer others. Most of the ones that have come up since COVID, when you call there's a licensed professional, it can be anonymous and simply somebody who will listen to you, it can be somebody who helps you problem solve around issues related to childcare or family care. And it can include triaged and referral

Speaker 4: Access to care or, or services that the individual might refer for. So it can sort of all [00:12:00] of those functions.

Speaker 2: Thank you. Thank you. I've been reading publications and the CDC materials that have been coming out during the last year. And one of the things that's become clear to me is that there, as you have said, particular populations that have been hit harder by the pandemic, both because of the severity of illness, but also looking at the mental health care issues that you've highlighted. One of the first groups that we focused on, where our healthcare workers, because of all of our experience and planning and training for disasters, [00:12:30] we have learned that they need this kind of support, um, the toll of caring for so many patients, the risks that they take for themselves and their families and an event like this, seeing that loss of life in their work. And in this particular event, the lack of personal protective equipment early on caused a lot of distress, anxiety and fear for very good reasons. Keith, you have a background and expertise in emergency psychiatric care. Um, [00:13:00] this must have been good training and preparation for this particular event for our healthcare workforce. Can you tell us what we have seen relative to their mental health during this time?

Speaker 4: Yeah, absolutely. And I think you're certainly right. We're seeing a market increase in anxiety symptoms, depressive symptoms, um, and even trauma related disorders like acute stress disorder, PTSD sort of symptoms. And a lot of that is attributable to exactly what you're, what you're citing, um, [00:13:30] that is, especially in the beginning, there was a lack of, of PPE and some sites still actually lacked significant PPE. So the ability of healthcare workers to protect themselves, uh, to protect their families, um, uh, seeing just the, the toll of disease every day, um, has really, uh, increased the stress of what's often an already stressed healthcare workforce. Um, so we are seeing a number of, of, um, [00:14:00] healthcare workers present for care. One of the challenges though I have to say is that they're so busy and understaffed and a lot of these settings that they often don't have the time to present for care, right? So they're experiencing these symptoms, they're experiencing worsening, anxiety, depression, whatever it is, but they just don't have the ability to participate in, you know, weekly therapy session visit with a

psychiatrist, um, and things like that. So there are some supports out there, but the [00:14:30] ability of, of this group to access them as sort of an, a challenge.

Speaker 2: I know that the CDC has an entire section on their website dedicated to healthcare personnel and first responders, because this, I think applies to a central workers more broadly even than just those in healthcare. And it talks about how to cope with the stress and how to build during COVID-19. Now I went through their list of symptoms of stress and, you know, they include everything from feeling angry, anxious, or sad, [00:15:00] as well as having trouble sleeping or lacking motivation. I can say, I am not a health care worker. I'm not an essential worker. Um, but during the last year, there have been many times where I've had these feelings and some days worse than others. But one question I have is how do you know when you need to ask for help? And what kinds of services are out there to support people, those who are able to take that time to use them?

Speaker 4: Sure. Um, yeah. You know, and, and I think that's a [00:15:30] really good point, too, right? A lot of us are experiencing those symptoms of anxiety, depression, stress, um, and, and what's also important to understand in our healthcare workforce is not only are they dealing with those stresses in the workplace, but they have sort of the same stresses that the rest of us have at home, right. Kids at home, they have to teach, uh, while dealing with school, not being able to see family being isolated from family and friends. Um, so, you know, in, in terms of when individuals may want to seek help, um, I mean, certainly when they see, [00:16:00] you know, a significant change from baseline, uh, market worsening of depression, worsening anxiety, to the point that it impacts their ability to care for themselves care for their family, maybe care for their patients, um, when they start experiencing thoughts, maybe that I'd be better off dead, suicidal thoughts, maybe anger, uh, come, come out, you know, stress can come out in forms of anger, aggression, things like that.

Speaker 4: Um, so, you know, those would be some of the warning [00:16:30] signs that, that individuals might look for either in themselves or in people that they care about. And then as far as resources, I think you're right. Uh, you know, the CDC, uh, does have a, a nice sort of site set up specifically targeted towards healthcare professionals. Um, there are other resources more locally, and it depends on the setting that folks work in. Um, a lot of larger systems, uh, Rutgers and, and other healthcare systems have done a nice job at trying [00:17:00] to come up with a support system, uh, in place for their workers, uh, whether that's by discipline or by hospital, whatever it may be. Um, some of them will be what, you know, Frank described. Some of them are like maybe like peer to peer lines where, uh, docs can call other docs or nurses can call their docs. You know, the uptake on that it's been variable. Um, some of them may be a bit more informal, uh, zoom meetings with colleagues at the end of the day, um, to sort of talk and process things. And then there's [00:17:30] the more formal, uh, referral system in place to access mental health care, uh, whether that's at UHC or other private providers, um, and some of the other resources that are out there. So there are certainly some options, um, out there for, for healthcare workers who may be struggling. Um, we've also

Speaker 2: Seen, and Frank mentioned this disproportionate impact on different cultural communities and this, you know, goes through the healthcare workforce. [00:18:00] It goes through the essential workforce. It goes through every part of our population. Some of this seems to STEM from the disparities of illness and death from COVID directly, but another factor is the economic impacts and the job loss, not having enough food, what are some of the causes of these underlying variable impacts and what can we all do to help support our communities?

Speaker 4: Right. Yeah. I think this gets at a lot of [00:18:30] what you and Frank were talking about earlier, right? There's already these pre-existing disparities, um, that have just been markedly exacerbated, or maybe even more visible now that there's this global pandemic in place. Um, so we already sort of disparities in healthcare access for our communities of color and other populations. Um, so, so now we're just seeing it on an even broader scale. Um, and, you know, in, in some ways that's what led [00:19:00] to the, the worst thing of COVID spread, uh, in, in some of our communities of color, for example, um, where they didn't necessarily have the option to not go to work. Uh, they had to work so that they could bring money home for their family to feed themselves and feed their families. Uh, so they're more likely to be in situations where COVID spread.

Speaker 4: Um, and as a result maybe even got, uh, you know, exposed to COVID more frequently and had worsening of, uh, COVID than they might've had otherwise. Uh, so we saw greater, [00:19:30] uh, rates of illness and death, um, in a lot of our communities. Similarly, we're seeing, uh, uh, gender, uh, as a, uh, differential impact, uh, within the epidemic. So, um, uh, women for example, are more likely to, uh, in some circumstances, experience worsening, anxiety and depression, because they're often the ones that maybe are in the home trying to manage, uh, both their jobs and then help manage, uh, kids at home, [00:20:00] uh, who are in school. So, you know, as far as what to do about it, it's certainly, it's, it's, it's a pretty broad question and not one that I necessarily have an easy answer to. Um, some of it gets at what, what Frank, uh, pointed to earlier, which is, you know, we're seeing the effects of, uh, decades and centuries of systemic racism, you know, and what are the things that we can do, uh, uh, locally and as a nation to address, uh, address those issues, [00:20:30] um, you know, more concretely, um, I think as, as healthcare providers, those are some of the issues that we can pay attention to when we're doing an assessment of a patient, you know, considering the impact that these, um, the differential resources may have, uh, you know, in our patient populations and doing what we can to address them.

Speaker 4: Um, and, you know, it's easy in the course of a busy clinic visit or an ed visit, um, to not [00:21:00] necessarily address food insecurity and things like that. But, you know, are there resources, we can refer our patients to, you know, maybe they're in for they, they ran out of their cardiac medication, but, you know, can we start asking questions about food insecurity, other resources they need, are there mental health resources that they need access to on a more, uh, system-wide level, looking at some of the policies that we have in place? Uh, some of the guidelines that we have, how are those contributing to maybe some of the, [00:21:30] the differential impact, uh, that, that this, uh, pandemic

is having, um, are there other changes that we can make on a system-wide basis that might have a greater impact within our communities?

Speaker 2: Thanks, Keith, you know, you picked up on something that's close to me. Um, families, I think they are another group of people who have been hit hard with new levels of stress as a result of this pandemic. Um, the impact on working parents when schools [00:22:00] have been closed, um, the fact that they needed to support their kids in their education for virtual learning, while also doing their job or losing a job as a result of having to take on that additional work at home. Um, and that was a lot in a very short period of time. I myself have three little boys at home, and I will say that, um, one of the things that has been really difficult for us as not being able to get away from each other, um, for those breaks and that increases [00:22:30] stress, no matter how much you love each other. Um, and I think that, you know, we've begun to see some very scary and concerning things and some of the early data about child abuse and the use of emergency mental health for teenagers in particular. I'm wondering Keith, if you can tell us what you have seen relative to the impacts on parents, you mentioned, um, this a bit and families.

Speaker 4: Yeah, absolutely. I think [00:23:00] you're right. Um, you know, one of the things that comes up is a lot of the, um, sites where we're children receive their services. Um, and as a result, families receive some of their support or often schools and other sorts of programming, we don't necessarily have access to those resources anymore. Right. So even, um, for, for some of our folks, uh, you know, being at school may be the best meal that they get all day, or sometimes, unfortunately the only meal that they may get all day now, they don't have access to that. [00:23:30] And then, you know, you pointed out the issues related to abuse. Um, so now we're in this, this sort of all families virtually are in this sort of higher stress situation, they're close together. And to your point, no matter how much people love each other, um, that stress is still so, you know, unfortunately we are seeing higher levels of domestic violence, whether it's against partners or against, um, uh, children, uh, occur, uh, in the setting of this pandemic.

Speaker 4: And the other unfortunate [00:24:00] aspect to that is it's not being as readily identified. Um, so while we don't have great data, you know, anecdotally just from what I've seen, it is occurring more. Um, but part of the challenge is that usually, or I should say often some of those concerns are identified in like the school or daycare based setting, which we're not seeing anymore. Um, you know, some of the other things we're seeing too, is a lot of our organizations have done a great job in terms of stepping up, um, to pivot and provide [00:24:30] resources to kids and families that are dealing with mental illness. So whether it's providing them with the telehealth services or even telephone services, um, there are some populations that, that don't necessarily do well with that, but that may have been all we can offer in the beginning, uh, of the pandemic.

Speaker 4: And, and sometimes even now, depending on the risk of COVID spread and, uh, related concerns. So for example, uh, you know, our older adult population, uh, may not have access to this technology, our populations [00:25:00] with, with, uh, intellectual disability and autism may not be able to do as well with, um, you know, seeing someone on screen or maybe just even have a telephone call. Um, so, you know, I think a lot of

our healthcare resources are doing the best that they can within the context of the pandemic. Uh, but we have seen, I think, a worsening, um, of some of these conditions and are often seeing some increase in, uh, psyche D and even general ed visits, uh, for some of these specialty [00:25:30] populations as a result.

Speaker 2: Thanks ki Frank, I know that you also, um, have a high school student at home, and so you have a front row seat to the impact on kids, that age group, um, what virtual high school is like. Um, and also, you know, I'm sure you've talked to other parents. And when I talked to parents, so many of us are talking about how tired we're feeling, um, to Keith's point, um, the feeling overwhelmed [00:26:00] and burned out angry or irritated, depressed, feeling uncertain about when will this all end. Um, and if there will be yet another snow day, you know, many of us are trying so hard to be there for our kids and role model, good behavior. I often feel myself exhausted by the thought of another day of homeschool and trying to motivate my kids to get moving physically and play outside, um, get them off their screens when they're not using them for school. Um, and many kids are also having trouble sleeping [00:26:30] and struggling with issues of anxiety and depression. And, and Frank has highlighted some of that as well. Um, as well as Keith, but Frank, can you tell us what are some resources that families or friends can look into to try to weather the storm on the short term, as well as thinking about this on a much longer term in the impact this will have over time.

Speaker 3: That's a great question. And you're right. This has been a year unlike any other, certainly in my life [00:27:00] and to see, uh, a whole generation of kids who are essentially doing fifth grade or fourth grade from their bedrooms or their, their kitchen. Uh, and you know, again, this is a differential impact. Uh, if you're fortunate enough, if one is fortunate enough to have a house where people can go to separate rooms and you don't have to worry about where the next meal's coming from, and you don't have to worry about having to go to a job as Keith pointed out before, [00:27:30] you know, it's a pandemic and it's, it's hard, but it's a very different pandemic than if you are living in two rooms and there are three kids. And so I think it's all about this sort of natural support source us resource at it services.

Speaker 3: So to your point, Merrick, one of the things we're really recommending people do is reconnect to the historic supports in their world. If that means church or temple or [00:28:00] synagogue that we're recommending, that people explore that has meaning for them in their library. We really are encouraging people to take advantage of whatever kind of electronic medium. They have to continue to have social contact. I think very often during a time like this, people will retreat to streaming movies or television. You know, those same devices offer an opportunity to have communal events with family and friends who may be close far away. This is particularly important if you have elderly parents [00:28:30] or elderly relatives who may be isolated. Um, so we're encouraging a reexamination of how people are continuing those, those natural supports in family and friends. We're encouraging people to do meals together, even if it's by telephone and to set up a time to, uh, to do a meal prep together, um, all of the resources that it had traditionally used.

Speaker 3: Face-to-face some of that can be regained virtually that takes, uh, the, the will [00:29:00] and the time and the energy kind of make that happen. I can not stress enough to, for families maintaining as much as they can a routine schedule. You know, it's, it's what your grandmother would tell you to kind of go back to basics. Are you going to bed and getting up at roughly the same time every night? Are you trying to make sure that meals represent something that's fairly healthy, uh, and that, that are spaced out across the day. Most people are not used to being 20 feet away from the refrigerator all day [00:29:30] long. It's just not something that people are used to. Um, and I think finding a way to make sure that sleep, wake cycles, eating cycles, and more important, any kind of physical activity at all. You know, whether that's walking up and down the stairs in your apartment building, or whether that's walking around the house, uh, you know, finding ways to get at least 20 or 30 minutes of activity, even if you do it while you're doing other things, it's a back to basics. This is also a great [00:30:00] time for people to Google, very simple things like diaphragmatic or deep breathing, Google, very simple things like mindfulness. These are free, they're cheap and they're little activities to kind of get you out of your head from back in your body in a way that can be very useful for people.

Speaker 2: Oh, I was, I was gonna say, you know, I, um, was on your website and you have these resiliency resources and tips and these great little 92nd videos, [00:30:30] which I can find 90 seconds. I can't find two minutes, but 90 seconds I can handle. Um, and you know, they were really just very simple and thoughtful approaches, um, on how to just take a little minute and regain yourself. Um, and I thought those were really a clever resource for people, but I think I cut you off. You had one last thing.

Speaker 3: Uh, I'm going to give a quick nod to Ravi Maharaj at UVAC, who came up with these ideas [00:31:00] and they're, they're brilliant little gems. You're right. It's 90 seconds. And it's also each one of them that he'd done. He did. And these were available to the whole Rutgers community. Um, if you just Google 90 seconds of resilience as they come up, he has them delivered by people who are, uh, who use these techniques themselves. So you can tell that they're committed to what they're describing.

Speaker 2: It's very authentic. And you know, one of the, one of the ones I watched was like holding an ice cube [00:31:30] and just letting that calm yourself. Um, that's something I can do with my five-year-old before, you know, we're going to lose it over, sitting in front of the screen for kindergarten. Right. And I think that, um, those really easy, tangible things that are just different, that'll take you out of your normal, um, sort of devolving stress can be really, really impactful. So I just, I wanted to note those, cause I thought those were really creative. Um, you know, another group of people that I've been [00:32:00] concerned about, and we talked a little bit about this and throughout the conversation, you know, for all of us stress and isolation is, you know, very challenging for some of us in our communities who are recovering from addiction. This can be a trigger for relapse. And I think you mentioned it a little bit and some of the statistics I'm wondering, can you just tell us a little bit about what you're seeing in terms of the consequences of either additional substance use, um, or those who are working through their [00:32:30] addiction during this pandemic

Speaker 3: It's affected, unfortunately, both groups and the numbers are continuing to emerge. We do know a couple of national surveys that people are reporting that they are buying and consuming 12 to 15% more alcohol on average than before the pandemic. A lot of that's going to be related to baseline. And for many people, you know, that may not be an addiction problem, but it can be a calorie problem, uh, which is, you know, something people don't [00:33:00] think about. It's also a differential hit for anybody. Who's pre-diabetic, um, that's an issue we worry about. I'm very concerned. However about people who, as you said before, or maybe in pre-contemplation, they were thinking about looking into their own drinking. Now this has moved that way to the back burner. And these folks may take months, or maybe even years longer to reckon with what was an already existing problem.

Speaker 3: They hadn't [00:33:30] identified. And to your point, people that are living in post treatment recovery, who've had a month, two months, six months a year of, of, uh, sobriety, but haven't fully refashioned all of their lifestyle habits. This is a very vulnerable moment because you think about the things that people often use alcohol for. It's a solution to anxiety. It's a solution to depression. It's a solution to feeling helpless, [00:34:00] many people. It was an escape from harsh realities and in the face of now, what are pretty universal, harsh realities, the temptation to use a familiar solution runs high. And we're seeing any people who are relapsing early on in the pandemic. And I haven't seen the most recent numbers. They may not have yet been published, but I know that between March and early June, there was a spike in overdoses. Um, [00:34:30] and we're closely monitoring that as well. And that coincided with the, you know, the onset of the isolation.

Speaker 2: I want to end on a hopeful note and focus on prevention strategies and building resiliency. I know for my family a day, playing outside is always better for all of us. Um, and I know that, you know, we've already talked about some of the resiliency tools that are out there, but I'm wondering Frank, if you could just, you know, give a few tips or, you know, [00:35:00] talk about what people can do to build resiliency and help themselves and others during this difficult time just to improve their mental health and get us through this. I have to say one of the things that I have found has helped me, um, one is a Fitbit challenge with, you know, a multi-generation family. Um, I have my, my kids, myself, some nieces, nephews, and even my great aunt who's in her eighties, all competing on steps. And you know, it, it adds for some [00:35:30] humor, um, as I talk about who's doing well and who's not, um, but also, you know, that activity, um, you know, and that's not going to be for every family obviously, but you know, what can you share with us?

Speaker 3: Yeah, that's a multi-pronged approach. And I think first of all, during a time like this, we can't leave the things that recharge us to random occurrences. And so one of the things that I'm really recommending that people do is get calendar, um, [00:36:00] you know, get a free calendar someplace. And at the beginning of every week, literally schedule two to three social events that are going to last at least 30 minutes with somebody you love or you care about, or if it makes you feel good about yourself. And I don't care whether you have a cup of coffee with them, whether you make a salad with them, or whether you discuss the, the local, uh, uh, weather or the last movie, you saw schedule

that into your calendar. The same is true [00:36:30] for, um, physical activity, whether it's 20 minutes a day, or whether it's whatever you can manage, put it on that calendar as a reminder for yourself and give yourself an opportunity to be rewarded.

Speaker 3: Whenever you were able to check that off. The third thing is something people don't think about spend 15 minutes to make a list of things that give you joy. It could be a piece of music. It could be a poem that you'd love. It could be a comic book that you were [00:37:00] crazy about when you were young. It could be, uh, talking to your uncle from the loose, whatever these things are that give you joy. And you find a way to do four or five of those a week, plant them into the schedule. There's an ages old study that was done many, many years ago, where people who were chronically depressed were putting two groups. Half of them were on a wait list. And the other half were told that they were going to come back in 10 days. The only thing they were both pulled weight, the [00:37:30] only thing they did that was different was they told one group, they didn't tell the other to plaster a smile on their face, even though they didn't feel like it.

Speaker 3: He said, I don't really care whether you feel like it or not, just as much as you can when you're out in public smile. And it turns out on those two groups came back. These were college students. Um, the group that had plastered a smile on their face was significantly lower on the depression scale than the group who didn't on the first, you would think, well, what's that have to do with anything. It turns out [00:38:00] that if you plaster a smile on your face, people interact with you more positively than if you don't. There were little things like that that make a difference. And so peppering those kinds of things throughout your week is a big piece of this. And to find solace in those things that do give you joy, a big part of a pandemic like this is feeling helpless and engineering, those little moments of social interactions, that little bit of exercise, that good sleep wake [00:38:30] cycle, that better eating cycle, those moments of things that give you joy. It adds to something called agency. The opposite of sort of helplessness is feeling like an active agent in your life. I think those combined to produce a greater sense of agency.

Speaker 2: So schedule it and you can control it and then you can get it done. Thank you, Frank. That's really, really, really helpful. Um, Frank, Keith, thank you so much for joining us here today [00:39:00] for this very important conversation. I hope you will come back again. Um,

Speaker 3: Thank you so much. Mary's a pleasure. It's always a pleasure to see you there. Thanks for having us.

Speaker 2: If you, or a loved one needs some help or just someone to talk to about how you're feeling please call COVID connect at (833) 223-0011. It's open Monday through Friday from 8:00 AM to 8:00 PM. Again, the number is (833) 223-0011

Speaker 1: [00:39:30] You've been listening to on the pandemic. We'll be back soon with new guests and new information from the top minds in health, to learn more about how Rutgers is making a difference during the COVID-19 pandemic visit rutgers.edu/united.

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